RESULTS-ORIENTED ACCOUNTABILITY PROGRAM PLAN

DEPARTMENT OF CHILDREN AND FAMILIES

OFFICE OF CHILD WELFARE

FEBRUARY 1, 2015

Mike Carroll

Secretary

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Governor

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Revision History

DATE	AUTHOR	VERSION	CHANGE REFERENCE
11/7/2014	North Highland	001	Initial Draft
12/19/2014	North Highland	1.0	Draft Submitted to DCF for Review
1/26/2015	North Highland	2.0	Final Draft Submitted to DCF for Review
1/29/2015	North Highland	3.0	Final Draft with Comment Resolutions Submitted
1/30/2015	North Highland	4.0	Final Program Plan

Quality Review

NAME	ROLE	DATE
Scott Rainey	Engagement Manager	12/18/2014
Tina Worley	Project Manager	12/18/2014
Scott Rainey	Engagement Manager	01/22/2015
John Fleming	NH Internal Quality Assurance	01/24/2015
Tina Worley	Project Manager	01/29/2015
Scott Rainey	Engagement Manager	01/30/2015

SECTION 1   EXECUTIVE SUMMARY

1.1   INTRODUCTION

Creating positive change for Florida's children and families is only possible when all the organizations involved with Child Welfare recognize their individual and collective roles in enhancing the safety, permanency and well-being of those served. In Florida, the key Child Welfare stakeholders and partners include the Department of Children and Families (DCF, the Department), Community-Based Care Lead Agencies (CBCs, lead agencies), communities, providers, contractors, other state agencies, Tribes and the Judiciary. Collectively, these stakeholders represent the Florida Child Welfare Community (Child Welfare Community).

The unique partnerships within Florida's Child Welfare Community create opportunities for long-term improvement by bringing together many perspectives and experiences with a singular focus on improving the lives and safety of each child in Florida.

The actions of the 2014 Legislature allowed the creation of a platform for extensive advancement of the Child Welfare system through establishment of the Results-Oriented Accountability Program (the Program). While current activities related to capturing and reporting data about the Child Welfare system are vitally important, the Legislature has provided a vehicle to effect change by emphasizing the use of research and evidence-informed actions and interventions to improve outcomes when results are not as expected.

The current system of performance measurement includes many indicators related to the outcomes listed in section 409.986(2) Florida Statutes. A tremendous amount of data is available for analysis and research, and system stakeholders find themselves frequently in a reactive position when it comes to effecting change in the system. The occurrence of tragic events involving Florida's children drive reactive modifications to practice and supporting systems inhibiting the Child Welfare Community from taking a longer-term perspective of interventions and their effectiveness. Furthermore, deploying the reactive changes in part or whole across the state without a full understanding of local factors may result in a loss of effectiveness.

> ### CHILD PROTECTION AND CHILD WELFARE
>
> Children are first and foremost protected from abuse and neglect.
>
> Children are safely maintained in their homes, if possible and appropriate.
>
> Services are provided to protect children and prevent their removal from their homes.
>
> Children have permanency and stability in their living arrangements.
>
> Family relationships and connections are preserved for children.
>
> Families have enhanced capacity to provide for their children's needs.
>
> Children receive appropriate services to meet their educational needs.
>
> Children receive services to meet their physical and mental health needs.
>
> Children develop the capacity for independent living and competence as an adult.

The complexity of the overall Child Welfare system is also a factor in how the current system tends to operate in a reactive manner.

By taking a more complete view of all entities charged with responsibility of achieving the statutory outcomes specified in s. 409.986(2), F.S., establishing appropriately defined outcome measures, measuring and analyzing the results, assigning corresponding accountability and connecting results with actions, Florida has the platform to fundamentally shape policy and create innovative practices. The Program will allow the Child Welfare Community to take a long-term view, and to confirm with research and evidence the interventions used are efficacious and effective in realizing positive outcomes for children.

1.2 PURPOSE AND HISTORY

The purpose of this document is to present a plan for development and implementation of a comprehensive Results-Oriented Accountability Program (ROA, Program), as specified by s. 409.997(2) of the 2014 Florida Statutes. As required by the statute, the Program plan must be submitted to the Governor, the President of the Senate and the Speaker of the House by February 1, 2015.

Section 31 of Chapter 2014-224, Laws of Florida (SB 1666), creates Part V of Chapter 409, Florida Statutes, entitled "Community-Based Child Welfare," consisting of sections 409.986-409.997, Florida Statutes. Those sections are enacted by Sections 31-40 of Chapter 2014-224, Laws of Florida. Section 10 of Chapter 2014-161, Laws of Florida (HB 7141), enacts a superseding version of section 409.997, Florida Statutes, which is the subject of this report.[1]

Section 409.997(1), Florida Statutes (2014), enacted by Chapter 2014-161 states the Department of Children and Families (DCF, Department), the Community-Based Care lead agencies (CBC),[2] lead agencies' subcontractors share the responsibility for achieving the outcome goals specified in section 409.986(2), Florida Statutes (2014).

The aforementioned legislative actions create the Results-Oriented Accountability Program, with the purpose of developing mechanisms to monitor and measure the use of Child Welfare resources, the quality and amount of services and child and family outcomes.

Section 43 of Chapter 2014-224, Laws of Florida (SB 1666), creates section 1004.615, F.S., establishing the Florida Institute for Child Welfare (FICW). FICW is charged with research, policy analysis, evaluation and leadership development to improve the performance of child protection and Child Welfare services. FICW and DCF relationship is a fundamental premise to achieving the goals inherent to the Results-Oriented Accountability Program.

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[1] Section 11 of Chapter 2014-161, Laws of Florida, provides in part:
In the event that SB 1666 or similar legislation is passed during the 2014 Legislative Session and becomes law, and such legislation creates s. 409.997, Florida Statutes, the provisions of this act which create s. 409.997, Florida Statutes, shall supersede the provisions of SB 1666.
[2] Section 409.986(3)(d), Florida Statutes (2014), defines a "Community-Based Care lead agency" as a single entity with which the Department has a contract for the provision of care for children in the child protection and Child Welfare system in a community is no smaller than a county and no larger than two contiguous judicial circuits.

1.3 A Unique Opportunity for Change With Results-Oriented Accountability

Results-Oriented Accountability intends to allow all of the stakeholders in the Child Welfare Community to identify and to manage their contributions to the achievement of outcomes for children and their families. The Results-Oriented Accountability Program described in this document creates a framework for measuring the success of efforts to improve Child Welfare outcomes, while creating a culture of transparency and accountability.

While it will take time to fully realize the benefits of the Program, successful implementation will fundamentally change the way the system works. Past reforms, such as the state's Title IV-E waiver offer funding flexibility complements the Program and afford the opportunity to test innovative new programs and services.

Significant Program impacts are expected in areas beyond the assessment of outcomes:

- **Policy** – The organization created by the Program will use results to shape policy in the Child Welfare Community.

- **Practice** – Research and evidence created by the Program and corroborated by DCF and FICW will identify effective interventions currently utilized and create opportunities to validate promising interventions[3], ultimately leading to practice changes.

- **People** – A fundamental culture shift will occur as the system becomes a learning, reflexive entity encourages the use of research, evidence and data for decision-making.

- **Organization** – The organizational borders will expand to include new partners in accomplishing meaningful, research and evidence informed outcomes for children. Contracts between DCF and its existing partners could also require modification to support the key activities of the Program.

- **Technology** – Innovation resulting from the Program will lead to new solutions to support Child Welfare in new ways – for example, the use of explanatory, predictive and preventive analytics will lead to enhancements to practice and policy.

- **Shared Accountability** – Assigning accountability to those organizations and entities having a role in achieving outcomes for children extends the vision of Child Welfare accountability to all stakeholders, such as the Department of Health (DOH), Department of Juvenile Justice (DJJ), the Department of Education (DOE), the Agency for Persons with Disabilities (APD), the Agency for Health Care Administration (AHCA), the Juvenile Court System and other community partners.

Overall, Results-Oriented Accountability allows the Child Welfare Community to identify and to manage their contributions to the achievement of outcomes and to create a means to collect, analyze, communicate and act upon outcome data in a proactive manner. Adherence to

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[3] Promising interventions are those interventions that have been previously tested but need further evaluation to determine if they achieve desired results in different environments. There is evidence from research that the intervention(s) work in certain contexts, but must be studied further to confirm that they are effective and efficacious in achieving outcomes in the current context.

Program processes and methodologies requires significant cultural change focused on deliberate self-information.

1.4   RESULTS-ORIENTED ACCOUNTABILITY PROGRAM MISSION

Section 409.997, F.S., establishes authority, purpose, criteria, roles and responsibilities for the Program. This statute also establishes a Technical Advisory Panel to assist with Program implementation. At the outset of the planning process, the Program Technical Advisory Panel established the mission statement for the Program, which is to develop an integrated, research-informed framework designed to inform communities, the Child Welfare system and legislators on essential elements of child protection. The defined mission is critical since it clarifies the purpose of the Program and establishes a framework for operational decision-making. All current and future activities for the Program should support this mission. Without a clear mission, resources may be allocated sub-optimally and decisions and efforts may be uncoordinated and potentially contradictory. Achieving and supporting the program mission is central to the Program design.

1.5   LONG TERM VISION

As a foundation for the work required to develop this Plan, the Program Technical Advisory Panel created a vision statement to outline future objectives supported by the statutory mission. This vision serves as the basis for long-term planning described in this document, and it incorporates the key elements of the guiding principles. The vision statement creates a target the Child Welfare system can strive toward for the next 5, 10, or 15 years.

Success over the long term requires clear linkage between the vision and the mission. **Exhibit 1: Relationship between Mission and Vision** illustrates how the mission and vision are connected and interrelated, encapsulating the guiding principles supported by enabling statutes:

Mission	To develop an integrated, research-informed framework designed to inform communities, the child welfare system, and legislators on essential elements of child protection (Chapters 20, 39, and 409, Florida Statutes).

The Problem Statement	There is a need to be able to review and analyze outcomes with more breadth and depth; e.g., analyze performance across multiple variables, by measure drivers, over time.	There is a lack of evidence to support process measures (measure drivers) are valid and reliable.	Interventions are often implemented and replicated based on face validity, without a review to determine if the intervention is research-informed, or an evaluation to determine if results (positive or negative) are due to the intervention.
Guiding Principles	Establish a collaborative, statewide child welfare community accountable for safety, permanency, and well-being that is focused on the best interests of children.	Translate data collection in the child welfare community to meaningful and useful information to enable outcome-focused decision-making.	Create a cycle of accountability framework that is focused on results and continuous quality improvement.
Vision	Child Welfare Communities have a united or collaborative approach to provide quantifiable assurances demonstrating resources are used responsibly to ensure child and family outcomes are met and informs continued investment in the future of Florida's children and families.		
Solution Goals	All children have an equal opportunity to be safe, healthy, and developmentally and academically on track.	Outcomes are clearly defined and measureable, are supported and informed by sufficient data that includes common data definitions and data sharing across the community.	Community resource and service decisions are supported by transparency, accountability, and an understanding of root causes and contributing factors.

Exhibit 1: Relationship between Mission and Vision

1.6 GUIDING PRINCIPLES

Guiding principles form the framework for decision making and support objectives created to meet the stated principles. The guiding principles must take into account the current state environment (e.g., challenges) and what is required for the Program to achieve its mission. Additionally, the guiding principles align to the authority granted by statute. The Technical Advisory Panel developed three guiding principles as part of the Plan. **Exhibit 2: Guiding Principles and Supporting Statutes** below presents the guiding principles for the Program.

GUIDING PRINCIPLES	SUPPORTING STATUTE
Establish a collaborative, statewide Child Welfare Community accountable for safety, permanency and well-being focused on the best interests of children.	**409.986(2):** Establishes nine child protection and Child Welfare outcome goals for the Program.
	409.997(1): States DCF and the CBC lead agencies and their subcontractors share the responsibility for achieving the nine child protection and Child Welfare outcome goals.
	409.997(4): Directs DCF to establish a technical advisory panel to advise DCF on the implementation of the Program, including representatives from FICW, CBC lead agencies, CBC providers, other contracted providers, community alliances and family representatives, as well as two legislative liaisons.
	1004.615: Establishes FICW to be housed within the FSU College of Social Work as a consortium of the state's public and private universities collaborating to advance the well-being of children and families by improving the performance of child protection and Child Welfare services through research, policy analysis, evaluation and leadership development.
Translate data collection in the Child Welfare Community to meaningful and useful information to enable outcome-focused decision-making.	**409.997(3):** Describes the purpose and scope of the Program, including the criteria for the outcome measures, monitoring, research review, evaluation and transparency and reporting criteria.
	409.997(3)(f): Specifies periodic publishing of searchable results of the Program performance data on DCF's website and a comprehensible, visual report card for the state and each community-based care region, indicating the current status of the outcomes relative to each goal and trends in status over time.
	409.997(3)(g): for an annual performance report to interested parties including the dependency judge or judges in the community-based care service area.
Create a cycle of accountability framework focused on results and continuous quality improvement.	**409.997(3):** Describes the purpose and scope of the Program, including the criteria for the outcome measures, monitoring, research review, evaluation and transparency and reporting criteria.

Exhibit 2: Guiding Principles and Supporting Statutes

1.7 PROGRAM OVERVIEW - RECOMMENDED PROGRAM DESIGN

The Results-Oriented Accountability Program design relies on an outcome focused Child Welfare Community. As such, each stakeholder in the community is responsible and accountable for the outcomes achieved. The Program design requires a strong collaborative partnership with FICW, which serves to expand the capacity of the system in the areas of thought leadership, research, evaluation, data analytics, training and workforce sourcing.

1.7.1 CYCLE OF ACCOUNTABILITY

An academic publication presenting the design of the Program is *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy[4]*. This work presents a model of accountability serving as the framework for the Results-Oriented Accountability Program.
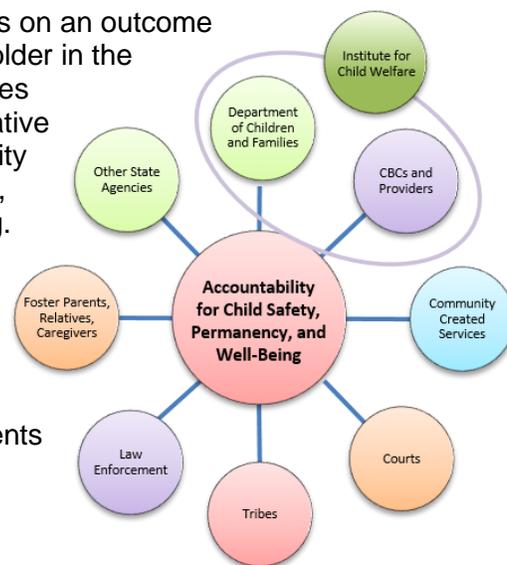
Key Accountability Program Partners

The "cycle of accountability" relies on five key activity phases with the intention of operating on a continuous basis to support a theory the Child Welfare system is assessing performance on stated outcomes, finding new or promising interventions, reviewing both internal and external validity of interventions and conducting continuous quality improvement to ensure the organization is learning and moving toward greater achievement of goals which are meaningful for children and their families.

The cycle of accountability comprises the following activity phases:

1. **Outcomes Monitoring** includes activities required to define, validate, implement and monitor outcome measures throughout the Child Welfare Community. In this phase, outcome goals are defined, valid and reliable performance measures are constructed and data is collected to evaluate and corroborate performance. This stage establishes *construct validity*, or the match between measures and the complex ideas or theories they are supposed to represent.

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[4] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

2. **Data Analysis** encompasses approaches and procedures required to critically analyze performance results to determine if variances noted are in fact issues which should be explored further. This phase is concerned with determining the *statistical validity* of the observed gap, i.e., is the variance spurious or is it an actual issue to be explore further, based on statistical tests?

3. **Research Review** is a series of activities employed to gather and to validate evidence to support interventions to address results not meeting expectations. Research Review assesses *external validity*, or the credibility of promising interventions in a variety of settings, with different populations.

4. **Evaluation** includes the activities and procedures required to consider promising interventions for children and families to determine if implementation on a wider basis is warranted. The Evaluation phase helps to establish *internal validity* of the intervention, through development of empirical evidence the intervention is causally linked to the desired outcomes.

5. **Quality Improvement** is an interrelated series of actions required to implement interventions across new domains, or to challenge, modify and test new assumptions about the underlying goals supporting the Child Welfare practice model. Quality Improvement increases or validates *construct validity*, by creating a culture in which performance is tracked, actions are taken and new strategies are developed. This phase reinforces organizational learning and reflexivity through double-loop learning, including regularly analyzing existing practices and exploring innovative solutions.

Exhibit 3: Cycle of Accountability Phases

1.7.2 PROGRAM DESIGN AND ORGANIZATION

The Program design correlates to the cycle of accountability described above and includes defined processes for each of the phases of the cycle of accountability: Outcomes Monitoring, Data Analysis, Research Review, Evaluation and Quality Improvement.

Organizationally, the Program resides within the Department's Office of Child Welfare as a newly created Program Quality and Performance Management area. This functional area requires the addition of a senior role to lead the Program and consolidates existing capabilities of the OCW. An initiative to design and build the appropriate organizational structure contemplating existing functions and resources is included as part of the Program implementation.

Program oversight is accomplished via a Cycle of Accountability Governance Committee (Governance Committee) including representatives from DCF, the CBCs, FICW and Providers. The focus of the Governance Committee is to establish Program decision-making and prioritization of the use of limited resources to meet identified goals.

1.7.3 MAJOR PROGRAM PROCESSES

Exhibit 4: Program Processes is an overview of the major processes employed in the Program. These activities implement the major phases described in the cycle of accountability.

CYCLE OF ACCOUNTABILITY PHASE	PROCESS	DESCRIPTION
Precursor	Define Valid and Reliable Outcome Measures	The Results Oriented Accountability Program Process begins with the definition of valid and reliable outcome measures. This step is a precursor to the initiation of the cycle of accountability, and becomes a part of the Quality Improvement phase once the Program is operational.
1	Collect/Review Outcome Data	Upon development of valid, reliable measures, each of the stakeholders collects data related to their role and places it in the proper repository (Case records in the Florida Safe Families Network (FSFN) system, Quality Improvement systems, other CBC or Provider systems). On a continuous basis, data is extracted into management reports for weekly, monthly, quarterly and annual reviews.
2	Conduct Data Analysis	In this step, the Department and the CBCs conduct Level I[5] data analysis to determine if outcome measure results fall within performance targets. When results do not meet performance targets, the Department will complete a root-cause analysis to determine factors such as related data and trends or practice and policy changes which might have impacted performance. If additional analysis is required, Level II Data Analysis is conducted by FICW to determine if the variances represent statistically valid gaps to act upon.
3	Conduct Research	When it is determined research is prudent, the Governance Committee prioritizes requests and refers them to FICW[6] to identify interventions to eliminate or to reduce the performance gap. In order to most effectively target the research, FICW seeks feedback from stakeholders such as Community Service Providers and the CBCs. Selection of interventions for further evaluation is accomplished through a team approach involving key stakeholders.
4	Conduct Evaluation	Upon implementation of the pilot intervention, FICW executes an Evaluation Plan and analyzes data collected from the pilot using the methodologies specified in the Evaluation Plan.

[5] Level I Data Analysis includes basic analysis to identify issues and trends. Level II data analysis requires additional deeper analysis, and can in some cases be completed by the Department. Decisions to engage the Institute for Level II Analysis are made on a case by case basis.
[6] While the Governance Committee prioritizes requests sent to FICW, it does not direct the work of this organization.

CYCLE OF ACCOUNTABILITY PHASE	PROCESS	DESCRIPTION
5	Conduct Quality Improvement	Upon completion of the intervention evaluation, the Department and CBCs take the evaluation results and either implements them on a wider basis, modify the intervention and re-pilot, modify the outcome measures and/or determine the intervention did not work and additional research is needed.

Exhibit 4: Program Processes

1.7.4 TRANSPARENCY AND ACCOUNTABILITY

The Program creates accountability and transparency by incorporating processes and tools for timely dissemination of performance, research and evaluation results to the Child Welfare Community through analytics and visualization capability embedded to the existing DCF website.

Custom reports are available for other stakeholders who need views of the data specific to their roles in the Child Welfare Community.

The goal of Program transparency is to present accurate and timely information regarding performance, along with analysis of factors influencing trends in order for stakeholders to receive a true picture of the system and any potential needs for improvement.

1.8 PROGRAM IMPLEMENTATION REQUIREMENTS

The development of the Result-Oriented Accountability Program requires 15 short and long-term initiatives intended to create the infrastructure, the organization and the processes required for effective implementation of the Program. **Exhibit 5: Program Initiatives** presents an overview of the activities required to operationalize the program:

INITIATIVE NAME	DESCRIPTION/JUSTIFICATION	DURATION
Results-Oriented Accountability Implementation Project Team	This initiative creates the management structure and processes required to manage and oversee the implementation of the Program.	7/1/15 - 6/30/20 60 Months
Measure Development and Validation	This initiative increases the construct validity of the selected measures and increases the trust of stakeholders in Program results.	1/1/16 - 6/30/20 54 Months
Master Data Management	A Child Welfare Community perspective of ROA requires integration of data across the stakeholder community. An effective governance process will be needed to enable data collaboration while safe guarding confidentiality.	7/30/16 - 6/30/20 60 Months
Establishment of Data Lab and Tools	This initiative will establish an ROA analytics environment.	1/1/16 - 6/30/16 7 Months
Data System Updates for Initial Measurement Gaps	This initiative is required to resolve gaps between the currently defined outcome measures and FSFN data required to calculate the measures.	7/1/16 - 6/30/17 12 months
Accountability Reports	In this initiative, the team will conduct additional analysis to identify the more detailed information presentation requirements and develop specific reports for Program stakeholders.	10/1/15 - 6/30/20 54 Months
Quality Assurance/Compliance Resource Analysis	This initiative will Identify internal and external units conducting QA/QI and contract compliance activities (audits) in order to determine where resources are being utilized and if redeployment can meet Program needs without additional expense.	10/1/15 - 4/30/16 7 Months
Quality Improvement Organization	This initiative will assess Quality Improvement needs associated with the Program, and will lead to the development or modification of a QI Program Plan and procedures, to include Results-Oriented Accountability functions. This effort will develop a QI staffing plan, and will result in the creation of a role to oversee and manage the overall QI function. A new position is created within OCW (the Director of Program Quality and Performance Management) to oversee both implementation of the Results-Oriented Accountability Program, and the establishment of an enhanced QI function. This position will be established prior to the QA/Compliance Resource Analysis initiative.	10/1/15 - 5/30/16 8 Months

INITIATIVE NAME	DESCRIPTION/JUSTIFICATION	DURATION
Results-Oriented Accountability Reporting System	This initiative will create a portal to monitor and improve accountability across Child Welfare Community stakeholders.	1/1/16 - 6/30/20 54 Months
Child Welfare Community Data	This initiative defines the outcome measures and measure drivers needed to guide Child Welfare Community stakeholder contributions to ROA.	1/1/16 - 6/30/20 54 Months
Institutional Review Policy Update	This initiative facilitates review of IRB processes employed by FICW and affiliated Institutions in order to ensure the state complies with federal and other requirements.	10/1/15 - 12/31/15 3 Months
Research Standards	A major output of this initiative is the development of a "Levels of Evidence" construct specific to Child Welfare in Florida. This initiative will also research, test and implement a meta-analysis protocol for Research Reviews requiring meta-analysis of large numbers of target studies.	4/1/16 - 8/31/16 5 Months
Pilot Study Standards	In this initiative, the Department will jointly develop pilot study procedures with FICW. The intent is to determine the critical elements, approvals and considerations to address before implementing a pilot study in a Child Welfare setting. This will include a work stream to assess and update CBC contracts to ensure they allow for pilots.	4/1/16 - 8/31/16 5 Months
Research and Evidence Informed Practice Training Development	This initiative includes a needs assessment to determine training requirements and objectives related to research and evidence-informed practice. The intent is to ensure the Program begins to drive a culture shift within the Child Welfare Community to one where data informs decision-making, and a "learning organization" emerges.	8/1/15 - 12/31/15 5 Months
Results-Oriented Accountability – FICW Support	This initiative represents FICW activities required to support the Results-Oriented Accountability Program, including serving as an ROA center of learning and mentor in areas such as research, evidenced-based intervention (EBI) and ROA implementation optimization. FICW will continuously improve Outcome Measures and Driver Measures while assisting the Child Welfare Community in defining ROA standards. FICW will lead research of high impact intractable problems, oversee pilots to evaluate efficacy and effectiveness of experimental interventions and Perform ROA-related training across Child Welfare Community.	7/1/15 - 6/30/20 60 Months

Exhibit 5: Program Initiatives

1.9 IMPLEMENTATION COST SUMMARY

Three Program implementation options were evaluated and are described below. The cost estimates for these options were derived based on the initiatives described in this Plan. It is important to note the estimated cost of implementing the initiatives does not factor in existing resources DCF or other stakeholders may apply to the implementation. As such, the cost estimates do not represent an appropriation request.

1.9.1 IMPLEMENTATION OPTIONS

The following implementation options were considered:

- **Option One: Baseline Program Implementation** – This option represents the baseline course of action with an optimized mix of internal resources (e.g., DCF, FICW and CBC) and external resources (e.g., Child Welfare consultants, management consultants and IT consultants) to reduce risk introduced by tasking current resources with additional Project and Program management duties.

- **Option Two**: **Effort Shift from External to Internal Resources** – This option shifts 50 percent of the work effort assigned to external resources to DCF staff for Initiatives 2 through 14, as applicable given the availability of the required skills within the current DCF organization.

- **Option Three: Effort Shift from External to Internal Resources and Scope Reduction** – This option shifts 50 percent of the work effort assigned to external resources to DCF staff for Initiatives 2 through 14, as applicable given the availability of the required skills within the current DCF organization. In addition, this option also reduces the number of Child Welfare Community stakeholder groups for which measures will be developed and reported from twenty to ten. This reduction in scope impacts the level of effort and cost associated with Initiatives 2, 9 and 10.

Exhibit 6: Implementation Options – Estimated Costs presents the total cost for each option across the five-year implementation period.

IMPLEMENTATION OPTION	SFY 15-16	SFY 16-17	SFY 17-18	SFY 18-19	SFY 19-20
Option One: Baseline Program Implementation	$10,557,506	$9,513,225	$8,901,571	$8,810,029	$8,960,819
Option Two: Effort Shift from External to Internal Resources	$10,185,282	$9,382,264	$8,768,646	$8,675,110	$8,823,876
Option Three: Effort Shift from External to Internal Resources and Scope Reduction	$8,488,038	$7,665,894	$7,026,530	$6,906,862	$7,029,105

Exhibit 6: Implementation Options – Estimated Costs

1.10 A MAJOR STEP IN THE RIGHT DIRECTION

The Results-Oriented Accountability Program is an opportunity to advance Florida's Child Welfare system to a level where decisions are informed by research and evidence, and outcomes for children improve. The Program encourages a system of accountability leveraging the shared efforts of the Child Welfare Community, and incorporates many of the individual efforts which are achieving results, but are not visible to others across the state. It will identify practices based on well-designed studies, and broaden the base of research and evidence for interventions. Long-term results include better outcomes for children, a more proactive system and development of stronger partnerships. In order to achieve these results, there must be a cultural shift across the Child Welfare Community, with a major change in how performance of the system is assessed, and what actions are taken when outcomes do not meet expectations.

SECTION 2 CURRENT STATE OF THE CHILD WELFARE SYSTEM

DCF is committed to a mission of protecting the vulnerable, promoting strong and economically self-sufficient families and advancing personal and family recovery. In recent years the Department and its partners endeavored to improve the delivery and effectiveness of services for children and families. Innovative reforms include: a transition to a privatized Community-Based Care service delivery model; participation in a Title IV-E flexible funding waiver demonstration project; implementation of a new safety-based practice model; and enhancements to the Statewide Automated Child Welfare Information System (SACWIS). These initiatives established an environment where improving outcomes guides decision-making about policy, practice and supporting technology.

Despite the success of these reforms, many challenges remain. Florida's complex Child Welfare stakeholder network includes many different entities each with a unique role in serving the children and families, and there is not a consensus of understanding on how each stakeholder contributes to outcomes. In addition, while there are performance measures currently reported for some stakeholders in the Child Welfare Community, there is a not a comprehensive system for measuring the outcomes and results for other stakeholders and service areas. Furthermore, although there is a great deal of data captured by the various stakeholders about children and families and the services they receive, this data is not analyzed to the fullest extent possible in order to identify the most effective interventions.

With the support of state policymakers and legislators, DCF and its partners will implement the Results-Oriented Accountability Program to deliver greater innovation and reform. The Program will address existing and future challenges, and drive positive change in Florida's Child Welfare system. To do this, the Program will establish a robust accountability system with a continuous cycle of monitoring, data analysis, research, evaluation and continuous quality improvement used to further advance the system's efforts to improve outcomes, identify new programs and services impacting those outcomes and enable research and evidence-informed practice, policy and decision-making.

The following sections discuss information about the current state of Florida's Child Welfare system, including:

- Office of Child Welfare Organizational Structure.
- Child Welfare System Stakeholders.
- Performance Evaluation Processes.
- Recent Reforms.
- Challenges.

Section 3: Recommended Program Design describes how the Program can make unprecedented improvements to the current state by adopting a community view from the child's perspective.

2.1 OFFICE OF CHILD WELFARE ORGANIZATIONAL STRUCTURE

The Department's Office of Child Welfare (OCW) is committed to the safety, well-being and timely permanency of Florida's children and families. OCW is responsible for a wide range of services, including assistance to help families stay intact or be reunified, out-of-home care, adoption and independent living skills for foster care youth transitioning to adulthood. To do this, the Office works with six DCF Region Offices, 17 CBC lead agencies and six Sheriff's Offices to execute policy and practice for child protective investigations and case management services. [7]

OCW restructured its functional organization effective July 1, 2014. **Exhibit 7: Current State Functional Model** depicts a model of the current organization. Directors reporting directly to the Assistant Secretary for Child Welfare manage three major functional areas:

- **Strategic Planning and Projects** - This functional area includes Child Welfare strategic planning, project management, legislation and reporting, rule promulgation, competitive procurement, contract and grant management and special projects.

- **Child Welfare Practice** - This functional area directs Child Welfare practice including child welfare program policy and practice, training and professional development, quality assurance, child care licensing and background screening, the domestic violence program and statewide fatality prevention.

- **Child Welfare Operations** - This functional area encompasses centralized Child Welfare operations to include the Florida Abuse Hotline Command Center, the Interstate Compact Office and the Missing Child program, performance improvement and organizational development.

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[7] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.

Department of Children and Families				
Office of Child Welfare				
Child Welfare Strategic Planning		**Child Welfare Practice**		**Child Welfare Operations**
Legislative Affairs		Safety		Florida Abuse Hotline
Policy and Strategy		Permanency and Well-Being		Interstate Compact
Contract and Grant Management		Community Services		Performance Management
Project Portfolio Management		Quality Assurance		Organizational Development
		Child Fatality Review		
		Training		
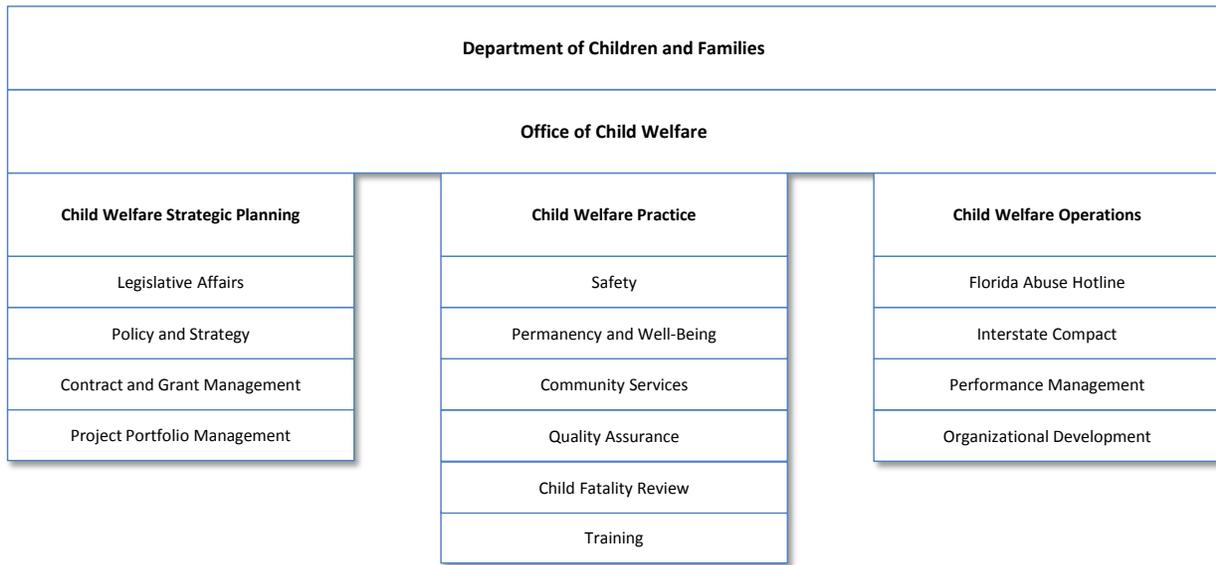
Exhibit 7: Current State Functional Model

Implementing the Results-Oriented Accountability Program fundamentally impacts organizational functions either by alignment or scope. As such, the Department must carefully assess the current organizational structure and modify it as necessary to ensure it supports the demands of the Program.

2.2 CHILD WELFARE COMMUNITY STAKEHOLDERS

Improving outcomes for Florida's vulnerable children and families is dependent on the concept the entire community is responsible for child safety, permanency and well-being. As shown in **Exhibit 8: Child Welfare Community Stakeholders**, Florida's Child Welfare Community has a number of stakeholders striving to achieve positive results for children and families.

STAKEHOLDER	STAKEHOLDER DESCRIPTION
Advocate Groups	Advocates for children and families, such as lobbying groups and trust funds.
Children and Families	Children and families currently and formerly served by Florida's Child Welfare system.

STAKEHOLDER	STAKEHOLDER DESCRIPTION
Children's Legal Services (CLS)[8]	The law firm representing the State of Florida in Child Welfare matters, operating under the provisions of Chapter 39, F.S, Proceedings Relating to Children. With more than 250 attorneys located throughout the state, CLS acts as Florida's legal authority on Child Welfare issues, with the goal of successfully advocating for the care, safety and protection of Florida's abused, abandoned and neglected children. Department lawyers fulfill the CLS function except in the 13th and 17th judicial circuits, where the State Attorney's Office and Office of the Attorney General, respectively, act on behalf of the state. CLS serves a number of functions including: providing counsel advice and technical assistance to state and regional Child Welfare program offices in Child Welfare legal issues, offering training to investigators and CBC partners, coordinating with DCF and CBC lead agencies to review potential cases and prepare staff as witnesses in filed cases, and representing the State in court in all Chapter 39 dependency cases, at the trial court and appellate levels.
Community-Based Care Lead Agencies	17 contracted CBC lead agencies operating statewide within 20 DCF circuits responsible for out-of-home care, adoption, case management and other services for specific needs of the children and families in their communities.
Community Representatives	Community representatives, such as state and county administrators, businesses, churches, professional and civic groups.
Court and Legal Community	Juvenile court judges, attorneys and guardians ad litem.
Elected Officials	Florida's elected officials, including the Legislature and Governor.
Florida Agency for Health Care Administration (AHCA)	The state Medicaid agency which is responsible for providing insurance coverage for physical and behavioral health care, dental care and other services to children in Florida's Child Welfare system. Children in out-of-home care are automatically enrolled in Florida's Medicaid program.
Florida Agency for Persons with Disabilities (APD)	The state agency responsible for providing critical services and supports to persons with developmental disabilities, including eligible children and youth involved in the Child Welfare system.
Florida Department of Children and Families (DCF)	Florida's Child Welfare agency with administrators, supervisors and workers at the state and regional office levels; responsible for conducting child protective investigations, developing, implementing and overseeing program policy, practice and quality assurance, managing and monitoring the CBC lead agency contracts and performance; also administers the state's mental health, substance abuse, domestic violence and child care programs.
Florida Department of Education (DOE)	Florida's education agency responsible for public education, including policies impacting educational success and outcomes of children.

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[8] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.

STAKEHOLDER	STAKEHOLDER DESCRIPTION
Florida Department of Health (DOH)	DOH administers the Child Protection Team (CPT) program through its Children's Medical Services division working with DCF and Sheriff's Offices on child protective investigations meeting certain criteria, providing medical evaluations and other assessments to assist in the determination of allegations of maltreatment and to make recommendations related to appropriate services and supports for children and families.
Florida Department of Juvenile Justice (DJJ)	Florida's juvenile justice agency responsible for preventive, rehabilitative, intervention and case management services to youth in the juvenile delinquency system. Youth can be jointly served by both DCF and DJJ.
Florida Institute for Child Welfare	A consortium of Florida's research institutions housed within the FSU College of Social Work charged with improving the performance of child protection and Child Welfare services through research, policy analysis, evaluation and leadership development.
Foster/Adoptive Parents and Relative and Non-Relative Caregivers	Current and former foster/adoptive parents and relative and non-relative caregivers of children in out-of-home care.
Law Enforcement Agencies	Law enforcement agencies who respond to and investigate crimes involving child abuse and neglect.
Media	Television, newspapers, radio, internet, social media.
Service Providers	Public and private providers of services and treatment, including, but not limited to, mental health, substance abuse, out-of-home placement and family support.
Sheriff's Offices	Sheriff's Offices in Seminole, Broward, Pasco, Pinellas, Manatee and Hillsborough Counties responsible for conducting child protective investigations and for performing quality assurance reviews of these cases.
Tribes[9]	Representatives of Florida's tribal communities and Native American children and families currently and formerly served by Florida's Child Welfare system. Florida has two federally-recognized tribes with reservations in Florida, the Seminole and Miccosukee Tribes. The Poarch Band of Creek Indians, a third federally-recognized tribe with a reservation located in southern Alabama, has a number of enrolled members residing in the Florida Panhandle.

Exhibit 8: Child Welfare Community Stakeholders

This wide range of stakeholders creates a very complex collection of agencies, organizations, providers and individuals with their own goals and missions. Currently, there is not sufficient integration and information sharing among the various entities to develop a comprehensive view and collective understanding of how each stakeholder contributes - upstream and downstream – to child and family outcomes. Moving forward, the Child Welfare system must broaden its perspective to emphasize a more holistic view of the child and family and assess how all stakeholders can work together to achieve better outcomes. In doing so, it is critical the

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[9] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.

system create a shared vision and goals and identify measures to evaluate progress towards those goals.

2.3 PERFORMANCE EVALUATION PROCESSES

As described below, Florida's Child Welfare system collects a large amount of data about the children and families it serves using mechanisms to measure and assess the system's health and performance. Overall, current state performance evaluation typically does not incorporate an approach using research-informed practices and evaluation techniques, often resulting in the application of interventions whose efficacy and effectiveness remain unproven. Moving forward, the data collected should be leveraged fully and shared statewide in a consistent manner to drive system-wide improvements in decision-making, policy and practice, outcomes and accountability.

Children and Families Services Review (CFSR)[10]

The federal Department of Health and Human Services (DHHS) is authorized by the Social Security Act to review the Child Welfare programs of all states to ensure the programs conform to Title IV-B and Title IV-E requirements. The Children's Bureau within the DHHS Administration for Children and Families (ACF), administers the CFSR conducted as a federal-state collaborative effort. In addition to reviewing a state program for substantial conformity with applicable state plan requirements, the reviews:

- Determine what is actually happening to children and families as they are engaged in Child Welfare services.
- Assist states in enhancing their capacity to help children and families achieve positive outcomes.

The CFSR measures seven outcomes in the domains of safety, permanency and well-being. First, the review assesses the outcomes of children and families served by the system. Then, it examines the following systematic factors:

- **Agency Responsiveness to the Community** - The ability to work with other public and private community partners to develop and coordinate case planning for children receiving services through the Child Welfare system.
- **Statewide Information System** - A computer system which identifies the status, demographic characteristics, location and goals for placement of children in out-of-home care.
- **Foster and Adoptive Licensing, Recruitment and Retention** - Establishment and maintenance of standards for foster and adoptive homes, and use of criminal

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[10] Child and Family Services Reviews Fact Sheet. May 29, 2012. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

background checks and other means to ensure the safety of children in out-of-home care.

- **Case Review System** - Cases have written case plans developed with the family, regularly scheduled permanency hearings are held for children in out-of-home care and caregivers are notified of hearings and given an opportunity to participate.

- **Quality Assurance System** - A system to develop and implement standards to ensure children receiving care are provided quality services.

- **Service Array and Resource Development** - An extensive array of services which help families remain together, assist children in being adopted and meet the physical, mental health and educational needs of children.

- **Staff and Provider Training** - Initial and continuing training for both Child Welfare staff and foster/adoptive parents.

In order to conduct a CFSR, the following activities are completed:

- **Statewide Assessment** - A statewide assessment instrument is used to gather information to evaluate the state's capacity and performance in improving outcomes for children and families engaged in Child Welfare services.

- **Statewide Data Indicators** - Seven aggregate measures are calculated from state administrative data for two of the seven federal CFSR outcomes. National standards are used to assess state performance and determine if the state is in substantial conformity with these outcomes.

- **Case Record Review** - Onsite reviews are conducted on a small sample of case records for both in-home and out-of-home cases.

- **Interviews** - Interviews are conducted with children, families, community stakeholders such as the judicial system, service providers, foster/adoptive parents and caseworkers.

If the state is determined to not be in substantial conformity with the CFSR requirements, the state must prepare and implement a Program Improvement Plan (PIP) to improve the areas of nonconformity.

The third round of the CFSR for Florida is scheduled in 2016. Based on input received from the states, the Children's Bureau has made changes related to the statewide data indicators for the third round of reviews, including the development of new measures and the greater use of entry cohorts as the data collection methodology.

The Program outcome measures described in section 3.1.9.3: Results-Oriented Accountability Program Outcome Measures of this Plan will be in addition to the federal CFSR measures; and, they are designed to be complementary.

State Quality Assurance Review[11]

DCF uses a State Quality Assurance (QA) Review to assess Florida's Child Welfare practice related to safety, permanency and well-being. The two main components of the State QA Review include:

Child Protective Investigations (CPI) QA Reviews

DCF Region Office QA Specialists conduct Rapid Safety Feedback case reviews and consultation with the CPI investigator and supervisor which focus on 11 items:

- Assessment of prior child abuse and neglect reports, prior services criminal history.
- Present Danger Assessment.
- Initiation of Present Danger Safety Plan.
- Protocol for sequencing initial contacts and interviews with household members.
- Sufficiency of information collection.
- Identification of danger threats related to impending danger.
- Assessing caregiver protective capacities.
- Family Functioning Assessment and Safety Decision.
- Initiation of a Safety Plan.
- Conditions for return.
- Supervisory consultation and guidance.

The profile for the CPI QA Review includes children under age four with high risk factors. DCF conducts a targeted number of case reviews by Region Office. In 2014, 2,880 case reviews of open investigations of children under age four were completed statewide, which is approximately 50 percent of investigations meeting the following review criteria:

- At least one prior report on the child victim, another child victim in the home or the alleged caregiver responsible.
- History of substance abuse, mental illness or domestic violence.

The case reviews are conducted using electronic case records and information obtained from the child protective investigator and supervisor during a case consultation. Annual reports summarizing regional review results, findings, root cause analysis and actions taken to improve practice are submitted to the Regional Managing Director and the Office of Child Welfare.

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[11] Davis, E. and Leavine, T. Windows into Practice: Guidelines for Quality Assurance Reviews FY 2015-2016. Florida Department of Children and Families.

In Seminole, Broward, Pasco, Pinellas, Manatee and Hillsborough counties, the Sheriffs' Offices are responsible for child protective investigations. Peer reviewers from the Sheriffs' Offices and DCF QA reviewers conduct a case review on a sample of 65 cases per year. An annual report including the case review results is provided to the Florida Senate, House of Representatives and Governor.

Case Management Quality Assurance Reviews

CBC QA Specialists conduct ongoing Case Management QA Reviews to determine the quality of Child Welfare practice related to safety, permanency and well-being. These reviews include Rapid Safety Feedback, Targeted Permanency Feedback and Targeted Well-Being Feedback.

The reviews are designed to focus on the following populations:

- **Rapid Safety Feedback** - Children 0-4 years of age receiving in-home services.
- **Targeted Permanency Feedback** - Children 13-17 years of age in out-of-home care.
- **Targeted Well-Being Feedback** - Children 5-12 years of age in out-of-home care.

In addition to these reviews, two full CFSRs are conducted each quarter, which include a case review as well as stakeholder interviews. DCF conducts a targeted number of case reviews by CBC lead agency, including CFSRs. In 2014, 2,800 case reviews were completed statewide, which is approximately four percent of in-home and out-of-home children.

The case reviews are conducted using electronic case records, and when the review is complete, a case consultation is held with the case manager and supervisor to discuss the review findings. Annual reports summarizing regional findings and trends in the areas of safety, permanency, and well-being, supervisory consultations and safe case closures are submitted to the Office of Child Welfare. In addition, if an issue or concern is identified as the QA reviews are being conducted, the CBC is required to communicate these items immediately and identify the action steps taken to address the problem.

Scorecards

In recent years, the Department has implemented outcome-focused scorecards to better track and evaluate the Child Welfare system's performance across a variety of metrics in the critical areas of safety, permanency and well-being of children and families. These scorecards are updated regularly with the latest available information. The calculation, analysis and reporting of these measures is used by the Department and the CBC lead agencies to help keep children safe, healthy and ensure their educational and physical and behavioral health needs are being met.

Child Protective Investigation (CPI) Scorecard[12]

The CPI Scorecard is used to measure the performance of child protective investigations across the State, including those conducted by DCF and the Sheriffs' Offices in Seminole, Broward, Pasco, Pinellas, Manatee and Hillsborough counties. Florida's child protective investigators examine allegations of abuse, neglect and abandonment of children. The scorecard looks at nine measures to evaluate timeliness of response, completion of investigations and achievement of safety outcomes for children and families.

Current and past CPI Scorecards can be found on the DCF website:
http://www.myflfamilies.com/general-information/planning-performance-measures/cpi-scorecard

Community-Based Care Lead Agency Scorecard[13]

The Community-Based Care lead agency Scorecard was developed by DCF and the CBC lead agencies. The Scorecard focuses on indicators related to Florida's community-based approach to Child Welfare. The Scorecard is produced for the review, discussion and action by the CBC Chief Executive Officers and DCF management in order to better understand differences in performance, barriers to improvement and strategies for improvement.

The CBC Scorecard is modified as needed to accommodate emerging issues and changing priorities. There are eleven key measures to evaluate the CBC's performance in meeting the needs of at-risk children and families in the areas of safety, permanency, well-being and cost. A majority of these measures are outcome indicators calculated from administrative data; however, the scorecard also includes a few process measures. Some of the measures are federal CFSR and CBC contract performance measures.

Current and past CBC Scorecards can be found on the DCF website:
http://www.myflfamilies.com/general-information/planning-performance-measures/cbc-scorecard

Title IV-E Waiver Evaluation

A periodic evaluation is a condition of Florida's participation in the Title IV-E Waiver Demonstration Project. The waiver evaluation monitors the state's performance and assesses whether the effects of waiver-funded programs and services on outcomes support the demonstration project hypotheses. The waiver evaluation includes the following components[14]:

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[12] Planning & Performance Measures. Florida Department of Children and Families.
http://www.myflfamilies.com/general-information/planning-performance-measures
[13] Community-Based Care lead agency Monthly Scorecard. Florida Department of Children and Families.
[14] Armstrong, M. Vargo, A., et al. Florida's IV-E Waiver Demonstration Project Evaluation Summary Brief. May 2012. Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, USF College of Behavioral and Community Sciences.

- **Outcomes Analysis** - This evaluation component uses administrative data to examine the impact of the waiver on child and family outcomes over time, including: reducing the number of children in out-of-home care, expediting permanency, maintaining child safety and improving child well-being.

- **Process Analysis** - This evaluation component uses information collected through focus groups, interviews, DCF quality assurance reviews, surveys and document reviews to conduct three distinct analyses: a Family Assessment and Services Analysis, Child Welfare Practice Analysis and Waiver Implementation Analysis.

- **Cost Analysis** - This evaluation component uses expenditure data to examine the cost neutrality of the demonstration project.

More information about Florida's Title IV-E waiver demonstration project is provided in section 2.4: Recent Reforms. In addition, the waiver demonstration project evaluation reports are available at: http://centerforchildwelfare.fmhi.usf.edu/DataReports/IVEReport.shtml

Community-Based Care Contract Performance Measures

The CBC contract performance measures enable DCF to evaluate the performance of the contracted CBC lead agencies and their subcontractors in the areas of safety, permanency and well-being. The lead agencies must meet the standards for each of the measures included in the contract. Some of the measures are also CBC Scorecard measures.

Contract Monitoring[15]

The mission of DCF's Contract Oversight Unit (COU) is "Promoting accountability for service delivery." The COU is a statewide centralized function with staff located in the Regions and at Central Office headquarters in Tallahassee. The COU assesses external service providers for contractual compliance, which means the provider is meeting requirements or delivering required levels of service with respect to the administrative and programmatic standards defined by DCF's standard contract and all its attachments, Department policy, Florida Statutes, Florida Administrative Code and federal laws and regulations. Contract oversight activities include preparing for on-site monitoring, conducting on-site monitoring, reporting results of monitoring and maintaining records of monitoring. The purpose of monitoring is not to assess Child Welfare outcomes, but to provide information to the DCF contract manager and program management related to the provider's compliance with the terms and conditions of its contract.

CBC lead agency contracts are monitored on-site every year by the COU. Monitoring is typically performed by reviewing documents, interviewing individuals and making observations. Information is analyzed by monitors and recorded on tools. Areas of concern are noted in reports submitted to the Department's contract managers and leadership. The contract manager determines if the concerns warrant a corrective action plan (CAP). If a CAP is

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[15] Florida Department of Children and Families. CF Operating Procedure 75-8 – Procurement and Contract Management. Policies and Procedures of Contract Oversight. January 12, 2011.

necessary to address concerns, the CBC lead agency is required to develop steps and processes to bring services into compliance.

Fiscal Monitoring[16]

The Department has a CBC Fiscal Oversight Unit reporting to the Assistant Secretary for Administration. This function is an essential oversight component of Florida's privatized Child Welfare system because it enables the Department to identify and address financial and administrative issues before they result in the loss of funds or the financial distress of a CBC lead agency. The CBC Fiscal Oversight Unit conducts site visits to CBC lead agencies to conduct monitoring activities and provide technical assistance. This fiscal monitoring model uses financial information required by the CBC lead agency contract and is coordinated with the monitoring activities of the DCF contract managers, Office of Financial Management and COU.

To carry out the fiscal monitoring function, the CBC Fiscal Oversight Unit conducts a lead agency risk assessment to determine the depth and frequency of monitoring and develops a fiscal monitoring tool to examine whether lead agencies use the proper funding sources for various services. DCF has also implemented an automated electronic system for collecting information and reviewing lead agency fiscal and program performance indicators on a quarterly basis. The Central Office sends quarterly fiscal indicator reports to the Regional Managing Directors, who review them with the CBC lead agencies and report on any issues to address. The indicators tracked in the reports include those indicators impacting lead agency expenditures, including caseloads, the rate of children entering the community, rates of expenditure, etc. In addition, a bi-weekly CBC Budget Workgroup comprised of both program and budget staff meets regularly to track identified budget concerns, requests and issues.

2.4 RECENT REFORMS

Florida has an established history of implementing pioneering reforms focused on improving Child Welfare system accountability and results for vulnerable children and families. Over the past 10 years, DCF implemented four major initiatives impacting Child Welfare services delivery:

- **Community-Based Care** - In 2005, Florida completed the transition from a state-run system to a privatized Community-Based Care (CBC) model, which outsources a number of Child Welfare services to private providers in local communities.

- **Title IV-E Waiver Demonstration Project** - In 2006, DCF implemented a Title IV-E waiver demonstration project which provided financing flexibility to use federal funds to expand services at the local level to prevent removal and expedite permanency for children.

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[16] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.

- **Safety Decision Making Methodology** - In 2013, the Department implemented a new safety-based practice model across all Child Welfare service areas, impacting Abuse Hotline, Child Protective Investigation, Sheriff's Office and Case Management staff across the State. The Safety Decision Making Methodology, which is the cornerstone of the practice model, redesigned the way the Department and its community providers and stakeholders operate to achieve positive safety outcomes.

- **FSFN Alignment** - In 2013, the Department deployed major releases to Florida's SACWIS to provide the functionality needed to implement and reinforce the safety-based practice model and provide the platform to support a more holistic view of the Child Welfare system.

Community-Based Care

In 1996, the Legislature mandated the privatization of Florida's Child Welfare services with the objective of providing higher quality services at the local level and improving outcomes (s. 409.1671, F.S.). In 1999, the State began the transition from a traditional government-operated system to public-private partnership, known as Community-Based Care. Accountability is a key requirement of the CBC model. As written in statute, the CBC lead agencies are accountable for achieving the federal and state outcome and performance standards for child protective services. As described in section 2.3: Performance Evaluation Processes, lead agency contracts include performance measures in the areas of child safety, permanency and well-being.

Currently, there are 17 CBC lead agencies operating within DCF's six regions and 20 judicial circuits. While the Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings, the CBC model shifts the responsibility for prevention, out-of-home care, adoption, case management, independent living and other services from DCF to the lead agencies located throughout the State. Then, the lead agencies subcontract with a network of local providers and organizations to deliver services tailored to the specific needs of the children and families in the community.

With the implementation of the CBC model, communities throughout the State work to identify and prevent abuse and neglect, provide permanency for children in out-of-home care and ensure child and family well-being. The ability to design and implement unique approaches and innovative intervention strategies and share them with others across the State is the hallmark of the model and has been instrumental in strengthening families and safely reducing Florida's foster care population. However, privatization and the split of responsibilities between DCF and the lead agencies add a significant level of complexity to system accountability and create a need for rigorous monitoring.

Title IV-E Waiver Demonstration

Title IV-E of the Social Security Act is the primary source of federal funding for Child Welfare services. Title IV-E provides reimbursement to states for a portion of the room and board costs

of out-of-home care, and it does not fund the cost of services to prevent removals and shorten stays in out-of-home care. In 2006, Florida implemented a Title IV-E waiver demonstration authorized under Section 1130 of the Social Security Act. With the waiver, federal Title IV-E funds previously allowed only for out-of-home care are invested in early intervention, prevention and post-permanency services to provide greater support to families in order to keep children safely in their own homes.

The demonstration project uses an evidence-based approach to determine if the flexible funding offered by the waiver to expand these services would improve outcomes. The initial five-year demonstration project tested four hypotheses, including:[17]

- **Hypothesis 1** - Over the life of the demonstration project, fewer children will enter out-of-home care.

- **Hypothesis 2** - Over the life of the demonstration project, there will be improvements in child outcomes, including child permanency, safety and well-being.

- **Hypothesis 3** - Waiver implementation leads to changes in or expansion of the existing Child Welfare service array for many, if not all, of the lead agencies. Consistent with the CBC model, each Lead Agency uses the funds differently based on the unique needs of the communities they serve with the new flexibility.

- **Hypothesis 4** - Expenditures associated with out-of-home care will decrease following the waiver's implementation, while expenditures associated with prevention and in-home services will increase, no new dollars will be spent as a result of waiver implementation.

If the demonstration project hypotheses are correct and the services are effective, outcomes improve and costs decrease because fewer children are in out-of-home care. As a performance incentive, the waiver allows reinvestment of the cost savings associated with the improved outcomes for other services. Based on an evaluation of data covering federal Fiscal Year (FFY) 2005-2011, the demonstration project has supported all of the project hypotheses with findings including a reduction in the number of children entering out-of-home care; improved outcomes of safety, permanency and well-being; an expansion of the array of services and practices available to children and their families; and a decrease in the ratio of out-of-home care expenditures to prevention and family support services expenditures.[17]

The Administration for Children and Families (ACF) approved the Department's request to continue its participation in the Title IV-E Waiver Demonstration Project through September 30, 2016. This allows the Child Welfare system to focus future flexible funding benefits on improving safety, permanency and well-being, including medical health, dental health, and education outcomes, better case management for parents, enhancing integration with domestic

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[17] Armstrong, M. Vargo, A., et al. Florida's IV-E Waiver Demonstration Project Evaluation Summary Brief. May 2012. Department of Children & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida College of Behavioral & Community Sciences.

violence, substance abuse and mental health services and more consistently implementing evidence-based and promising practices throughout the state.[18]

Safety Decision Making Methodology[19]

In response to the death of Nubia Barahona in January 2011, the state completed a comprehensive review of Florida's child protection system. The review identified a number of systemic errors and omissions at various levels, including:

- Insufficient investigative practices and inadequate case management.
- Lack of integrated information sharing.
- Rapid caseworker turnover, inexperience, excessive caseloads.
- Unclear case integration.
- Unclear role of supervisors for case investigation and management.
- Substandard quality of documentation by both case managers and investigators.

Short-term actions were taken, including: training, enhancing accountability and expectations over case ownership, requiring corrective action plans and updating local law enforcement agreements. However, significant and sustainable improvement in child safety and well-being outcomes also required long-term changes to the entire Child Welfare system. As part of the long-term strategy to address these issues, the Department, in consultation with national experts from the National Resource Center for Child Protective Services and the Children's Research Center, CBC lead agencies, and Sheriff's Offices, developed and implemented a new Safety Decision Making Methodology (Safety Methodology).

While local systems of care and community resources may be different, the fundamental actions to protect and intervene with unsafe or at-risk children should be common across the State. The Safety Methodology standardizes the approach to information gathering, safety decision making and risk assessment and emphasizes parent engagement and empowerment. DCF applied the Safety Methodology systemically across the spectrum of Child Welfare processes, including hotline, child protective investigations and on-going case management to establish:

- A common language for assessing safety for both child protective investigators and case managers.
- A standardized process for identifying children who are unsafe.
- A common set of constructs to guide safety interventions for unsafe children.

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[18] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.
[19] Florida Department of Children and Families Office of Child Welfare. Florida Safety Methodology. December 6, 2013.

- A common framework for case planning to address child needs and diminished caregiver protective capacities.

The Safety Methodology includes a set of common elements for determining when children are unsafe, the risk of subsequent harm and how to engage caregivers in achieving change. The primary functional components comprising the Safety Methodology are:

- Present Danger Assessment (PDA).

- Family Functioning Assessment (FFA).

- Ongoing Family Functioning Assessment.

- Progress Update.

- Present Danger Safety Plan.

- Impending Danger Safety Plan.

The Safety Methodology is transforming the state's child protection services from being compliance-driven to being more outcome-focused. It is designed to improve child safety decision-making through analysis, consistent application of best practice, law, code, training and policy. The main goal is to achieve desired safety outcomes across the Child Welfare continuum of care. The implementation of the new Safety Methodology is still in process at this time.

FSFN Alignment[20],[21]

The Florida Safe Families Network (FSFN) is Florida's SACWIS. FSFN automates and supports the day-to-day operations of Florida's Child Welfare system. FSFN is the Department's official system of record for documenting the child protective investigation and Child Welfare casework statewide, from the initial reporting of abuse and neglect, to foster care and adoptions case management and permanency planning. With the implementation of the new Safety Methodology described above, FSFN required modification to align the application with the process and procedural changes occurring in the field, and to incorporate new functionality, modules, templates and documents required to allow easy, structured access to the situation of the whole family in a manner to support more effective investigations and case management.

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[20] Florida Department of Children and Families. Schedule IV-B Strengthening Child Safety Practice Through Technology. Fiscal Year 2015-2016.
[21] Florida Department of Children and Families. Florida Safe Families Network (FSFN) Strategy. April 23, 2014.

In 2013, the Department deployed major releases to FSFN to implement the functionality to support the Safety Methodology for investigations and case management. New functionality included:

- At-a-glance views of case and person information.
- Case notes enhancements.
- Improved workflow and task assignment functions and new assessment tools, such as the Present Danger Assessment and Family Functioning Assessment, which are fundamental to the safety-based practice model.

Other improvements included in the system upgrade were the addition of dashboards, enhanced capability to upload documents throughout the system and alignment of the system with federal SACWIS requirements. While FSFN is not yet fully SACWIS compliant, overall, the system changes have served to simplify the user interface, improve worker productivity and increase access and the sharing of critical information relative to the case. Furthermore, ACF approved Florida's SACWIS compliance action plans.

The new practice model and the corresponding FSFN alignment are foundational to addressing the core business and information needs of Child Welfare system stakeholders and helping them better achieve the outcomes of children and families. The model supports decision making and collaboration with families, case managers, judges, service providers, Guardians ad Litem and other community partners and provides greater insight into individual case information and a more informed, holistic view of the Child Welfare system. FSFN enables this vision as the platform for knowledge sharing and critical decision making.

2.5 CHALLENGES

Between State Fiscal Year (SFY) 2007 and 2014, the number of children in out-of-home care in Florida dropped from 27,543 to 19,444[22], an approximate 30 percent decrease largely credited to the state's CBC and Title IV-E waiver initiatives. While these and the other recent reforms discussed above have positively impacted outcomes for Florida's children, the Child Welfare system still faces many challenges in further improving outcomes.

The following challenges limit the ability of Florida's Child Welfare system to improve outcomes for children and families:

- There is a need to be able to review and analyze outcomes with more breadth and depth, e.g., analyze performance across multiple variables, by measure drivers, over time.
- There is a lack of research and evidence to support the reliability and validity of process measures (measure drivers).

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[22] Florida Department of Children and Families. Program Performance Dashboard. Accessed on January 17, 2015.http://dcfdashboard.dcf.state.fl.us/.

- Interventions are often implemented and replicated based on face validity, without a review to determine if the intervention is research-informed, or an evaluation to determine if results (positive or negative) are due to the intervention.

By establishing enhanced levels of accountability and transparency and creating more collaborative and unified working relationships prioritizing the needs of the child and family, the Child Welfare system can address these current challenges and evolve into a more child and family-focused, outcome-driven system.

SECTION 3 RECOMMENDED PROGRAM DESIGN

This section of the Plan presents details of the Results-Oriented Accountability Program based on organizational design fundamentals, expert advice received in the course of plan development and research of similar initiatives across the Child Welfare landscape. Included in this section are recommendations for Program and overall Child Welfare business practices to support the Program. This section also presents Level I and Level II process maps to define the operational business processes needed to implement the Program.

3.1 RESULTS-ORIENTED ACCOUNTABILITY PROGRAM DESIGN

As shown in **Exhibit 9: Key Accountability Program** , the Results-Oriented Accountability Program design is based on the premise the Child Welfare system in Florida is a partnership between the Department, Community-Based Care Lead Agencies, designated Sheriff's providing child protective investigations, community agencies and providers at all levels. As such, each stakeholder in the system is responsible and accountable for the outcomes achieved within the system. The Program design relies on a strong partnership with FICW, which serves to expand the capacity of the system in the areas of thought leadership, research, evaluation, data analytics, training and workforce sourcing.

Exhibit 9: Key Accountability Program Partners

DCF is statutorily responsible for the Child Welfare system, and implemented the current model via partnerships with Lead Agencies, their subcontractors and community created services. The overwhelming consensus of State and community partners is the "system" is in fact a Child Welfare Community, with shared responsibility for outcomes. This philosophy permeates the Results-Oriented Accountability Program design, and is a core principle behind the Program design philosophy.

Through a facilitated session, the Program Technical Advisory Panel developed guiding principles. The guiding principles below direct the Program through design, implementation and operations:

- Establish a collaborative, statewide Child Welfare Community accountable for safety, permanency and well-being representing a sustainable framework focused on the best interests of children.

- Translate data collection in the Child Welfare Community to meaningful and useful information to enable outcome-focused decision-making.

- Create a cycle of accountability framework focused on results and continuous quality improvement.

3.1.1 ACCOUNTABILITY REQUIRES CONTINUOUS EFFORT – THE CYCLE OF ACCOUNTABILITY

Accountability in the Child Welfare context is a continuous cycle of child-focused activities helping to drive improvement and strengthen the research and evidence base for interventions employed with children and their families. This is essential for ensuring results are meaningful for those served. It is difficult to claim interventions are effective without quantitative and qualitative evidence. The Florida Results-Oriented Accountability Program is adapted from the work of Dr. Mark Testa, John Poertner, and others, as presented in *Fostering Accountability, Using Evidence to Guide and Improve Child Welfare Policy.*[23] As shown in **Exhibit 10: Cycle of Accountability**, the "Cycle of Accountability" is the basis for the organization of the Program and this document. There are three views of this model informing the design of the program:

- The basic framework describing the key activities of accountability. The framework represents "what" must be done to develop a learning organization best positioned to achieve outcomes for those served.

- A second view represents "who" is responsible for achieving the goals of the Program across the system of care.

- A final view represents "how" accountability can be achieved through certain organizational drives and systems.

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[23] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.
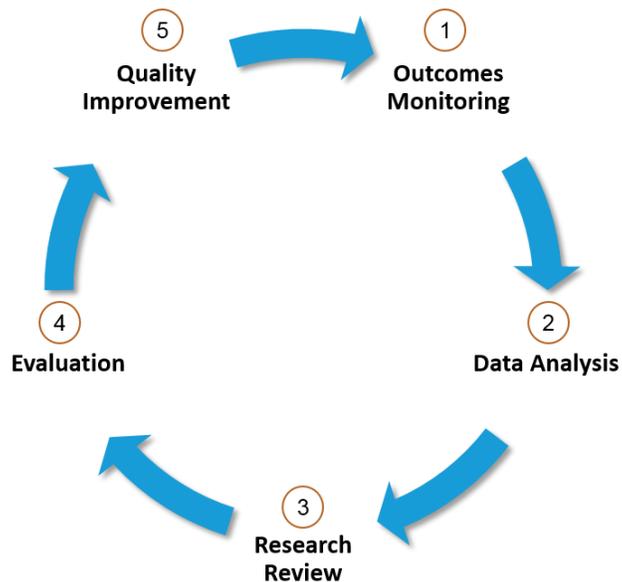
Exhibit 10: Cycle of Accountability

The Cycle of Accountability includes five key activities essential to a functioning system. Conducting these five activities on a continuous basis represents how the Program achieves results. Each activity group intends to answer fundamental questions about the achievement of outcomes for children and families:

- **Outcomes Monitoring** – The activities required to define, validate, implement and monitor outcome measures.

  › Key questions: Are desired results broadly defined and validly measured to ensure the best interests of a child? How well are interventions defined and measured to ensure the best interests of the child are met?

- **Data Analysis** – The activities required to critically analyze performance results to determine if variances noted are in fact issues which should be explored further.

  › Key questions: Is the gap between desired and actual outcomes for children important and statistically significant to warrant action? What gaps between can be statistically translated into an action plan?

- **Research Review** – The activities required to gather and validate evidence to support the development and implementation of interventions to address results not meeting expectations.

  › Key Questions: What action is supported by research and evidence, and how strongly is it supported? How will we utilize FICW and partner academic institutions to validate research and evidence-supported results?

- **Evaluation** – The activities required to assess promising interventions for children and families to determine if implementation to a wider demographic is warranted.

> › Key Questions: How efficacious, effective and efficient are the actions in accomplishing the results? What partnership protocols will more effectively and efficiently assist in determining whether our interventions and results are successful for those served?

- **Continuous Quality Improvement** – The actions required to implement interventions across new domains, or to challenge, modify and test new assumptions about the underlying goals and supporting practice model.

  > › Key Questions: Should actions be continued, improved, or discontinued? How and when will we adjust, discontinue, evaluate, or change our approach for achieving overall results?

Each of these program elements is further defined in sections 3.2 through 3.6.

3.1.2 CHILD WELFARE STAKEHOLDERS AND THE CYCLE OF ACCOUNTABILITY

The Results-Oriented Accountability Program and the Child Welfare Community overall relies on a broad base of cooperation between a large group of stakeholders, as introduced in section 2.4. Understanding the responsibilities of each stakeholder affords a comprehensive view of a child known to the system. In an alternate view of the Cycle of Accountability the group of stakeholders is central to the Program, with each having a role in achievement of the outcomes for children and their families. **Exhibit 11: Cycle of Accountability – Stakeholder View** depicts this view of the Cycle of Accountability, which represents "who" is responsible for achievement of outcomes for children and families throughout the Child Welfare Community:
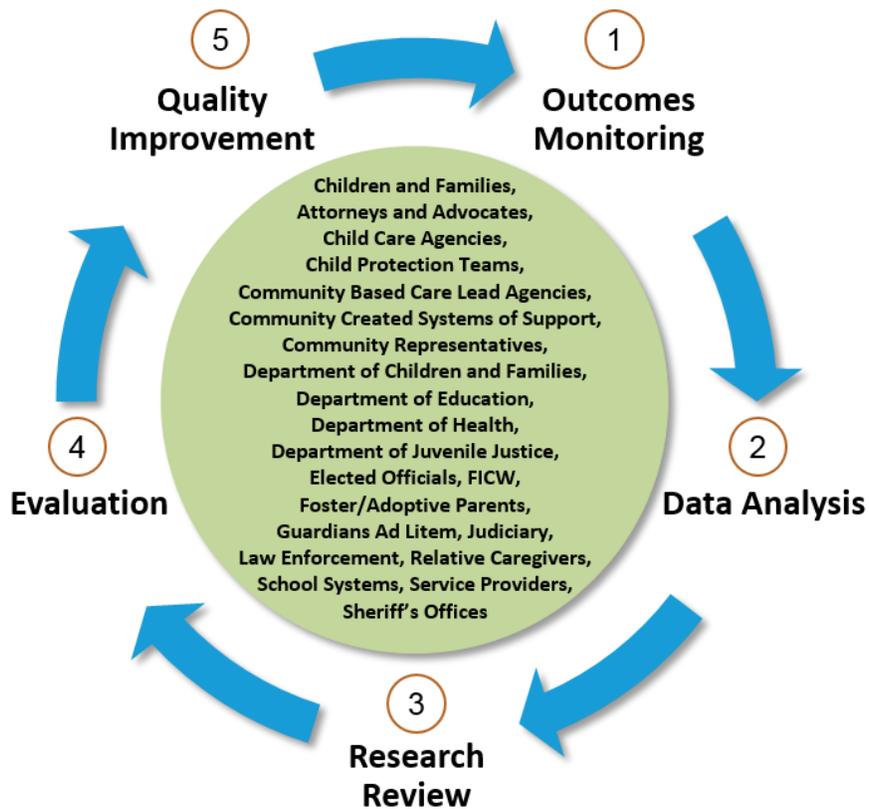
Exhibit 11: Cycle of Accountability – Stakeholder View

3.1.3 ORGANIZATIONAL DRIVERS, SYSTEMS AND KEY AREAS OF PROGRAM IMPACT

As illustrated in **Exhibit 12: Cycle of Accountability – Organizational Drivers, Systems and Impacts View** below, the Florida implementation of the accountability model also accounts for *organizational* elements using the output of the Program or serving as drivers of accountability. These components are essential for system improvement and must be considered as areas of key impact to modify because of Program activities. At a macro level,

this view represents "how" the system achieves accountability and the resulting positive outcomes for those served.
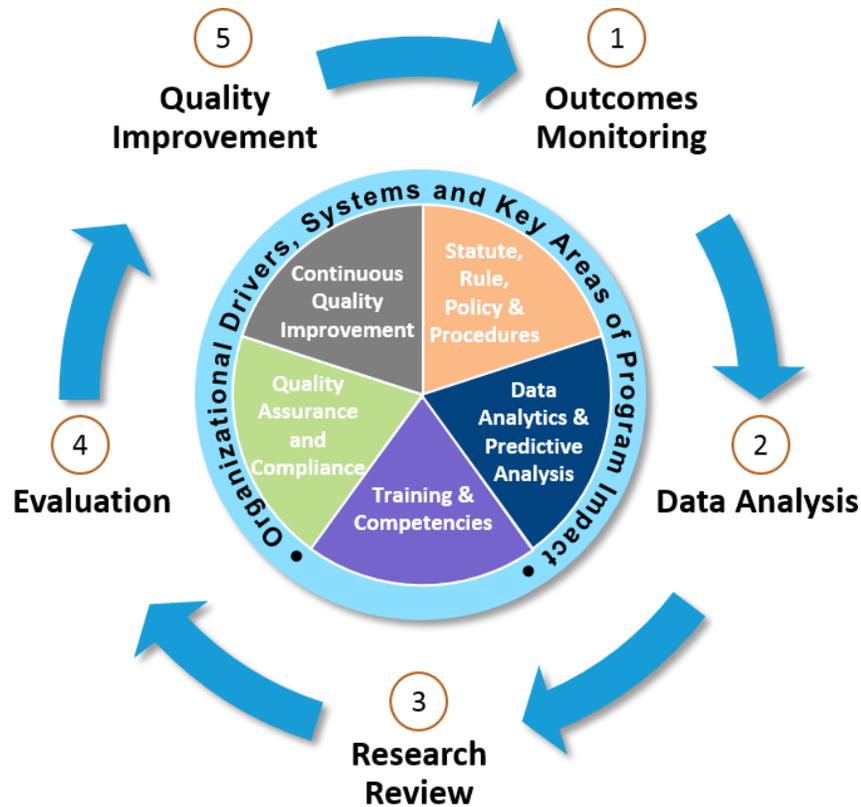
Exhibit 12: Cycle of Accountability – Organizational Drivers, Systems and Impacts View

These essential organizational components are:

- **Statute, Rule, Policy and Procedure** – Child Welfare system statutes, rules, policies and procedures drive practice directly affecting the safety, permanency and well-being of children. In order to truly facilitate an accountability system with integrity, research-informed guidance must be incorporated at all levels of the system through these formal mechanisms.

- **Data Analytics and Predictive Analytics** – This component drives the identification of causal links between multivariate factors and can lead to definition of new interventions, practices, outcomes and measures. Data analytics can lead to proactive responses versus reacting to issues already occurred, or are retrospectively identified.

- **Training Systems and Competencies** – Both organizational and individual skill building is a foundational element of implementing and sustaining a culture of

accountability. It is essential skills of those serving children are consistent and at defined standards to ensure integrity of the practice model.

- **Quality Assurance and Compliance** – Making sure services are delivered consistently and in a manner assuring fidelity across the system, increasing the ability to both monitor and measure outcomes.

- **Continuous Quality Improvement Systems** – The CQI system is essential as the component facilitating change across the system. The Results Oriented Accountability Program, by its structure (i.e., the cycle of accountability) is a quality improvement model.

3.1.4 ACCOUNTABILITY PROGRAM FUNCTIONAL/OPERATIONAL MODEL

The Program, like any organization, is implemented as a set of functional components which are the responsibility of one or many stakeholders within the system with responsibility for the safety, permanency and well-being of children. Prior to exploring specific program elements, it is essential to understand the functional/operational design supporting the Program. The following sections present an overview of the program from functional and operational process perspectives in order to describe how the program operates. In addition to providing a model to define the overarching functions and responsibilities, this section presents definitional process workflows related to each of the elements in the "Cycle of Accountability" to illustrate how the program implements these essential elements.

The Program consists of a number of functions interacting and supporting one another in order to achieve the objectives envisioned by the Legislature. The diagram below depicts the functions, areas of programmatic responsibility, or roles for each partner in the system. This diagram is not an attempt to redefine the overall operating construct of the Child Welfare system, rather it depicts a view of certain system functions required for the implementation of the Results-Oriented Accountability Program. Based on their nature, certain functions are shared across the entities involved.

As depicted in **Exhibit 13: Program Functional View** the Program consists of two key *functional* components:

Results-Oriented Accountability Program Governance

Program Operation

- Data Collection
- Data Analysis
- Data Presentation
- Implementation and Replication
- Project and Implementation Management

Program Improvement

- Assess Validity and Integrity of Measures
- Predictive Analytics
- Recommendations for Action
- Research
- Evaluation
- Training
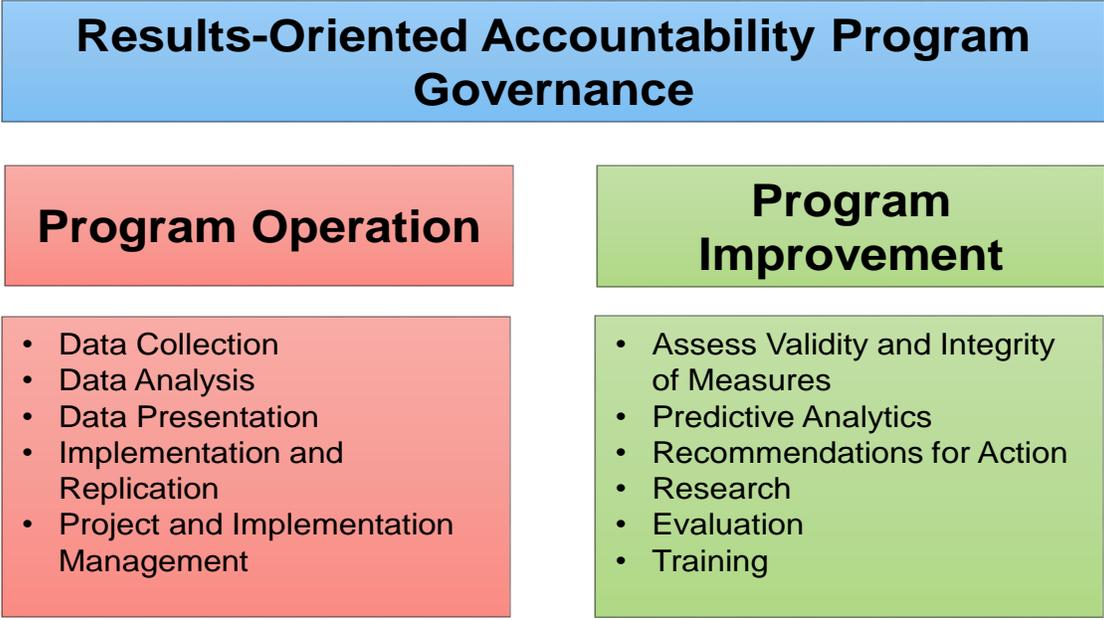
Exhibit 13: Program Functional View

3.1.4.1 *PROGRAM GOVERNANCE*

In order to operate effectively, the Program must have a decision-making function for setting priorities, allocating limited resources, and coordinating Program activities across the system.

Results-Oriented Accountability Program Governance is the process and structure used to exercise overall control and set the direction for the Program. It sets strategies for attaining the Program's goals and gives authority for the use of resources to implement the defined strategies to achieve the Child Welfare outcomes. Governance creates the structure which links process, resources and Program strategies and objectives.

Governance includes the activities and associated roles and responsibilities required for leadership, strategic direction, control and accountability. In contrast, management is concerned with administration and delivery through planning and monitoring.

A Governance Committee enforces Program Governance. The Governance Committee includes the following membership from key stakeholders within the Child Welfare system:

- DCF Secretary or Designee – Serves as Chair of the Accountability Program Governance Committee, and has final decision-making authority.

- DCF Assistant Secretary for Child Welfare – Upon delegation of authority from the Secretary, acts as Chair.

- DCF Director of Program Quality and Performance Management[24].
- Director, FICW.
- 2 CBC Representatives.
- 1 Substance Abuse Provider.
- 1 Domestic Violence Provider.
- 1 Children's Legal Services Representative.
- 1 DCF Regional Managing Director.
- 1 Representative from a Sheriff's Office Providing CPI Services.
- 1 Representative from Office of the State Courts Administrator.

The Governance Committee has the primary responsibility of setting priorities for the use of limited resources for research, evaluation and implementation of interventions. This group in this context focuses only on operation of the Results-Oriented Accountability Program, and is not intended to oversee general DCF Child Welfare or CBC Operations.

The Governance Committee meets at least quarterly after implementation of the Program, and may meet more frequently as program needs and activities require. The DCF Office of Child Welfare, Program Quality and Performance Management team is responsible for the logistical activities required to schedule and hold Governance Committee meetings. This assumes sufficient resources assigned office to manage additional responsibilities resulting from the creation of the Results-Oriented Accountability Program.

During the implementation phases of the Program, the Governance Committee serves as the Steering Committee for the implementation of initiatives to create the program.

The Governance Committee is a decision-making body for the operation of the overall Results-oriented Accountability Program. The **Technical Advisory Panel** defined in s. 409.997(4), F.S., serves in an advisory capacity and participates in Steering Committee meetings during implementation, providing input and advice regarding implementation issues.

3.1.4.2 *PROGRAM OPERATION FUNCTION*

In order to create positive benefits for children and their families, the program must have capabilities to collect data, analyze data, present data to stakeholders, implement interventions and manage the implementation of interventions. Program Operation includes the activities required to generate the outputs used in measuring and improving the overall Child Welfare system.

This operational function gathers the data and information required to assess performance against stated Child Welfare goals, then analyzes and synthesizes the raw data into

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[24] This is a new role within DCF, with responsibility for the operational aspects of the Results-Oriented Accountability Program. Additional information about this role is provided in section 3.6.2.3.

meaningful results. Once results are understood, a key activity of Program Operation is to provide a transparent view of overall Child Welfare system performance to interested stakeholders. If new or promising interventions are identified, this function is responsible for both pilots and projects to implement them.

3.1.4.3 *PROGRAM IMPROVEMENT FUNCTION*

This function utilizes analysis results and other Program outputs to identify interventions and other actions to improve system performance. Key activities include validation of measures, predictive analytics, developing recommendations for actions based on results, conducting research to identify research and evidence-supported interventions, evaluating interventions and training stakeholder staff on results-oriented accountability concepts and new interventions.

3.1.5 ENTITY ORGANIZATIONAL VIEW

The Program functions described above are carried out by designated individuals within the various entities with responsibility for the Program. **Exhibit 14: Program Entity-Level Organizational** View depicts an entity-level view of the Program in order to depict the relationship of the organizations involved.
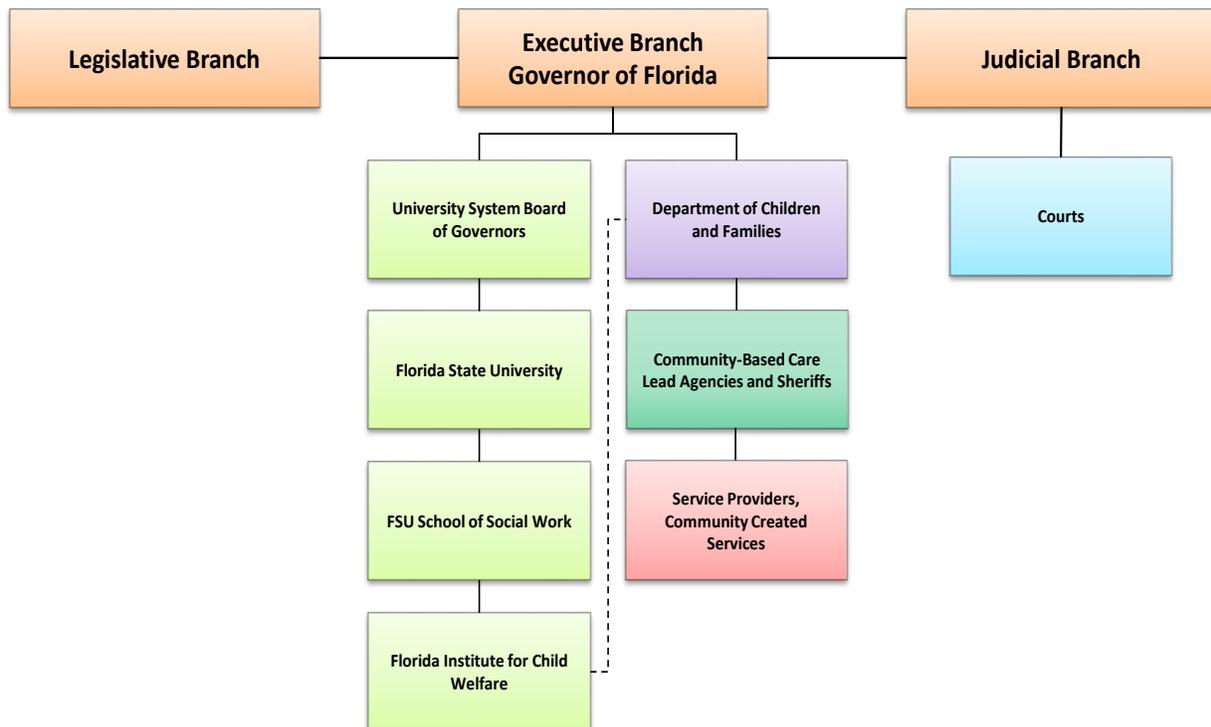
Exhibit 14: Program Entity-Level Organizational View

The Program, as a part of the Department, falls within the Executive Branch, under the Governor of Florida. The Department and Community-Based Care Lead Agencies have a primary responsibility in the Program due to their shared role in the system as the management function. Service Providers (as sub-contractors and other Community-created services) are depicted as a tightly integrated component of the program. The Governance Committee described above is an advisory and decision-making component of the Program, and is embedded in the Department of Children and Families organizationally. FICW serves in both advisory and service provision capacities due to its role in conducting research, providing Program evaluation services and through support of various initiatives intended to improve the Child Welfare system. FICW is housed within the School of Social Work at the Florida State University.

3.1.6 PROGRAM ENTITY-LEVEL ROLES AND RESPONSIBILITIES

Program functions are often shared by the key stakeholders, and in other cases are the sole responsibility of one of the stakeholders due to their role within the system. The table below lists the key functional activities required to operate the Program, and presents an assessment of each stakeholder's role in operationalizing the function.

Analysis of Department capabilities to support the Program is necessary to ensure there is capacity to carry out program functions (see initiative 7 in the Implementation Plan section). This could result in acquisition of new staff, or restructuring of Program-related functions within the Office of Child Welfare and within other DCF contract management/monitoring functions. section 3.1.7 includes an overview of the recommended initial structure within OCW to support the Program.

It is assumed FICW has or will obtain necessary capabilities and skilled resources to fulfill Program activities and functions it is statutorily obligated to complete.

In the *RACI* diagram (R) denotes a stakeholder is responsible for a function, (A) indicates accountability for the function, (C) indicates a stakeholder is consulted or provides input to the function, and (I) is used to note a stakeholder is informed regarding the function or its outputs.

Exhibit 15: Program Functions RACI below lists primary ownership of key Program functions:

PROGRAM FUNCTIONAL AREA	DCF	CBCS, PROVIDERS AND SHERIFF'S OFFICES	CHILD WELFARE INSTITUTE
Program Governance	R/A	C	C
Policy and Procedure Development	R/A	C	C
Practice Model and Standards	R/A	C/I	C
Quality Focus	R/A	R/A	C

Program Functional Area	DCF	CBCs, Providers and Sheriff's Offices	Child Welfare Institute
Service Delivery	R/A	R	C
Quality Assurance	R/A	R	C
Data Collection	R/A	R	C/I
Intervention Implementation	R/A	R	C
Level I Data Analysis	R/A	C	C
Level II Data Analysis	A	C	R
Accountability Data Presentation/Distribution	R/A	R	C
Project Management	R/A	R/A	C
Quality Improvement	R/A	R/A	C
Assess Measure Validity and Integrity	C	C	R/A
Predictive Analytics	R/A	I	R
Conduct Research	C/A	C/I	R
Research-Informed Recommendations for Action	C/A	C/I	R
Conduct Evaluation	C/A	C/I	R
Conduct Intervention Pilots	R/A	R	R
Training	R/A	R/C	R

Exhibit 15: Program Functions RACI

3.1.7 PROGRAM ELEMENTS WITHIN THE DEPARTMENT

The Results-Oriented Accountability Program involves numerous stakeholders and entities, each having multiple roles and responsibilities in assuring positive outcomes. The Department has primary responsibilities within the Program requiring a high degree of organizational focus on accountability in order to assure success of the accountability efforts described in this plan. In the recommended design, Results-Oriented Accountability functions are organizationally integrated into the Office of Child Welfare as part of a newly created Program Quality and Performance Management functional area. This new organization will leverage existing organizational functions, and will require development of others required to support the Program. Organizationally, resides at the same level as Operations, Practice and Strategic Planning. This allows:
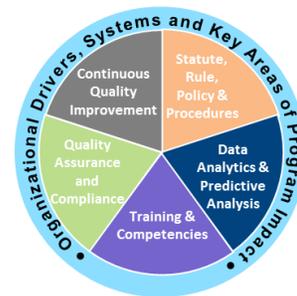
- A greater level of independence and objectivity for the quality function.
- Better visibility for the Program within OCW and within the Department.
- Tighter grouping and integration of many of the major organizational elements identified in **Exhibit 12: Cycle of Accountability – Organizational Drivers, Systems and Impacts View**.

Exhibit 16: Program Functions within the Department presents a functional view of the future state Office of Child Welfare, with the addition of the Child Welfare Program Quality and Performance Management functional area. The exhibit is not an organizational chart, though it does depict the top-level functions (activities, actions, processes, operations) of OCW. The chart does not depict the many sub-functions of the Office, since this report is not the result of a detailed organizational study. It does depict sub-functions being elevated to a higher level due to their importance to the Program. Instances in which this occurs are noted in the sections below.
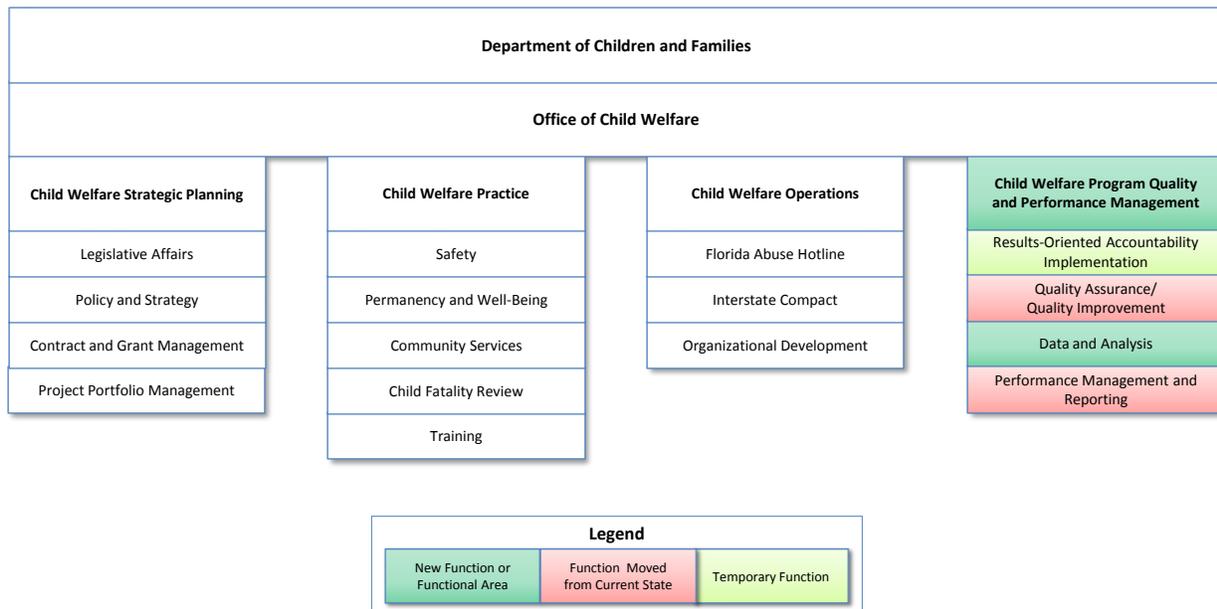
Exhibit 16: Program Functions within the Department

The Child Welfare Program Quality and Performance Management functional area is primarily responsible for all Quality and related functions of the Office of Child Welfare. This includes a new temporary Results-Oriented Accountability Implementation function, enhanced Quality Assurance/Quality Improvement function, newly created Data and Analysis function, current Performance Management and Reporting function and an enhanced Training function. Each of these new or enhanced functions is defined below.

- **Results-Oriented Accountability Program Implementation –** A temporary function is created within the Program Quality and Performance Management area to house the Results-Oriented Accountability Implementation team. This group is responsible for the development of the Results-Oriented Accountability Program and related processes. This includes the management of initiatives within the Department, and across Agencies and partners. This team can leverage Project Management services from other areas (for example, Project Portfolio Management within the Strategic Planning function), and it is recommended Program Implementation reside within the Program Quality and Performance Management area, as the Director will serve as the day-to-day sponsor of Program initiatives.

- **Enhanced Quality Assurance/Quality Improvement Function** – This function builds on the current QI function, and leverages its QA component while adding capabilities in the area of Quality Improvement. This function will be primary area within the Program Quality and Performance Management area with responsibility for the major activities of the Results-Oriented Accountability Program.

- **Data and Analysis Function** – This new function within the OCW Program Quality area is responsible for deeper statistical analysis of Program data. Data and Analysis is the QI-focused set of activities conducting deep analysis of the data, conducting

root-cause studies and engaging in more scientific analysis of a wider variety of factors affecting outcomes

- **Performance Management and Reporting Function** – Performance Management is the production-focused aspect of providing information to support processes such as federal Reporting and Compliance, day-to-day operations and Executive reporting needs.

- **Training Function** – OCW currently has limited training capacity at the Program level. This training function is responsible for developing longer-term system-wide training strategies, coordinating with partners such as FICW to develop and deliver Program training across the community of stakeholders, identifying training needs resulting from Results-Oriented Accountability activities and identifying new and effective ways to enhance the skills of all stakeholders with a responsibility in the Results-Oriented Accountability ecosystem.

3.1.8 PROGRAM PROCESS OVERVIEW

This section presents an overview of the processes required to operate the Program. Subsequent sections provide details of the individual program processes depicted in this overview diagram. The intent of this diagram is to illustrate the interactions of the major stakeholders in operating an accountability program. The major processes required to implement and operate the Program are described in further detail in the following sections:

- Define Valid and Reliable Outcome Measures – section 3.1.9.

- Collect/Review Outcome Data (Outcomes Monitoring) – section 3.2.1.

- Conduct Data Analysis – section 3.3.

- Conduct Research Review – section 3.4.

- Conduct Evaluation – section 3.5.

- Quality Improvement - section 3.6.

In order to provide an overview of the major Program processes, this document contains cross-functional diagrams (often referred to as swim lane diagrams) depicting major process activities, workflows and the roles or entities responsible for them. The swim lane diagrams provided in the following sections were developed using the Business Process Model and Notation (or BPMN) standard. See Appendix 6.4 for a brief overview of the symbols typically employed in BPMN.

For the purposes of this report, the diagrams do not provide detail below the second level of processes, with the understanding these sub-processes will in some cases require further development as the Program moves forward.

The following exhibit presents a graphical overview of the Program in order to provide the reader with a top-level view of how the program components work together to achieve the Program's mission. A narrative description of each process step or task follows **Exhibit 17: Program Process Overview**.
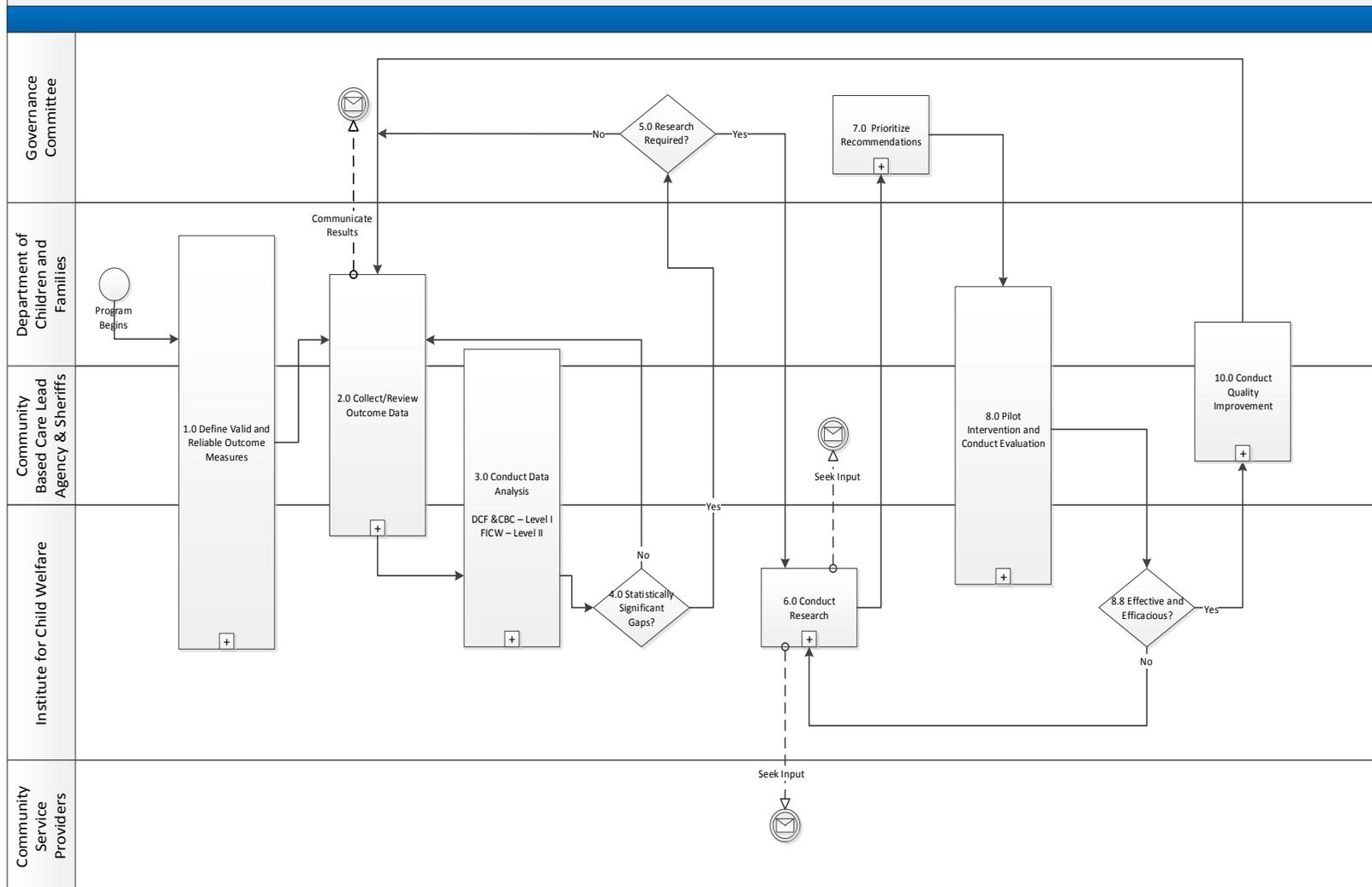
Exhibit 17: Program Process Overview

Exhibit 18: Program Overview Process Narrative presents a narrative description of each process step depicted in the Program Process Overview.

#	ACTIVITY NAME	DESCRIPTION	ROLE(S)	INPUT(S)	OUTPUT(S)
1.0	Define Valid and Reliable Outcomes	The Results Oriented Accountability Program Process begins with the definition of valid and reliable outcome measures.	DCF, CBCs & Sheriff's Offices, FICW	▪ Child Welfare Research ▪ Historical Data ▪ Federal Guidance ▪ Expert Judgment	▪ Program Measures with Performance Targets
2.0	Collect/Review Outcome Data	Upon development of valid, reliable measures, each of the stakeholders collects data related to their role and places it in the proper repository (Case records in FSFN, Quality Improvement systems, other CBC or Provider systems). On a continuous basis, data is extracted into management reports for weekly, monthly, quarterly and annual review.	DCF, CBCs & Sheriff's Offices, FICW	▪ Program Measures ▪ Data Collection Tools and Procedures	▪ Management Reports
3.0	Conduct Level I & Level II Data Analysis	In this step, the Department and the CBCs conduct Level I data analysis to determine if outcome measure results fall within performance targets. For Quantitative measures, this is largely automated as quantitative data flows from case management and quality improvement systems based on normal entry of data by caseworkers and others in the provider community. When results do not meet performance targets, the Department will complete a root-cause analysis to determine factors such as related data and trends or practice and policy changes which might have impacted performance. If additional analysis is required, Level II Data Analysis is conducted by FICW to determine if the variances represent statistically valid gaps to act upon.	DCF, CBCs & Sheriff's Offices, FICW	▪ Data from Case Management System(s) ▪ Quality Systems	▪ Performance Data ▪ Measures for Additional Analysis ▪ Statistically Valid Gaps

#	ACTIVITY NAME	DESCRIPTION	ROLE(S)	INPUT(S)	OUTPUT(S)
4.0	Statistically Significant Gaps?	If yes, statistically significant gaps are identified and Research may be required. Workflow for the out of parameter measures proceeds to 5.0 "Research Required." If no, workflow returns to 2.0 "Collect/Review Outcome Data" and normal data collection continues. For spurious results, additional root-cause analysis might be conducted if deemed necessary to explain the results.	FICW	▪ Outcomes Not Meeting Performance Expectations	▪ Statistically Valid Gaps
5.0	Research Required?	Given the nature of the excursion from performance expectations, and the conformation a result is statistically valid, the Governance Committee will make a determination regarding whether to commit limited resources to conducting Intervention research. If Yes, workflow proceeds to 6.0 "Conduct Research." If No, Workflow returns to 2.0 "Collect/Review Outcome Data."	Governance Committee	▪ Statistically Valid Performance Gaps Communicated to the Governance Committee and other Stakeholders	▪ Research Decision
6.0	Conduct Research	When the Governance Committee agrees research is required, FICW is engaged to identify interventions which will eliminate or reduce the performance gap. The Governance Committee prioritizes requests for research and evaluation sent to FICW, but does not direct the work of this organization. In order to most effectively target the research, FICW seeks feedback from stakeholders such as Community Service Providers and the CBCs.	FICW	▪ Governance Committee Request for Formal Research ▪ Intervention Information from Community Providers and CBCs	▪ Intervention Research and Recommendations
7.0	Prioritize Recommendations	Upon receiving a research report from FICW, the Governance Committee prioritizes recommendations for Interventions to pilot and to evaluate as candidates for wider implementation.	Governance Committee	▪ Research Report(s) from FICW	▪ Decisions Regarding Interventions to be Studied Further Through Formal Pilots and Evaluation

#	Activity Name	Description	Role(s)	Input(s)	Output(s)
8.0	Implement Pilot Interventions & Conduct Evaluation	The Department and the Community-Based Care Lead Agencies work with FICW, Providers and other resources as needed to design an evaluation program and Plan and implement a pilot study of the target intervention(s). Upon implementation of the pilot intervention, FICW executes the Evaluation Plan and analyzes data collected from the pilot using the methodologies specified in the Evaluation Plan.	DCF, CBCs & Sheriff's Offices, FICW	• Decisions Regarding Interventions to be Studied Further Through Formal Pilots and Evaluation • Evaluation Plan	• Pilot Interventions, Services, Pilot Data • Evaluation Results
8.8	Effective and Efficacious?	As a result of the Evaluation data analysis and study, FICW determines the effectiveness and efficacy of the pilot intervention. If Yes, the workflow continues to 11.0 "Conduct Quality Improvement. If No, the workflow returns to 6.0 Conduct Research OR Continue to 10.0 "Conduct Quality Improvement" with other recommendations.	FICW	• Evaluation Results • Data	• Evaluation Report Containing Results
11.0	Conduct Quality Improvement	Upon completion of the intervention evaluation, the Department and CBCs take the evaluation results and either implement them on a wider basis, modify the intervention and re-pilot, modify the outcome measures, or determine the intervention did not work and additional research is needed.	DCF, CBCs & Sheriff's Offices	• Evaluation Results, Intervention Design • Other Recommendations	• Decision Regarding Implementation of the Target Intervention

Exhibit 18: Program Overview Process Narrative

Technology and human resource (people) considerations are critical items to consider for the implementation of the Program. These components drive costs and directly affect the Program implementation plan described in Section 4 of this document. Each of these areas of interest are addressed within the individual program component sections below, and are summarized for both implementation planning and cost purposes in later sections of this document.

3.1.9   OUTCOME MEASURES – DEFINITION AND VALIDATION

The Results-Oriented Accountability Program will provide the resources and tools Florida needs to improve the lives of the children and families it serves. The Program, which requires quantitative and qualitative data to measure desired outcomes, will enable the Child Welfare

system to build a stronger and more research and evidence-informed operating model. In order to hold stakeholders accountable, they must be measured against the outcomes they are charged with achieving. By measuring and monitoring outcomes over time, the State will have insight into whether its Child Welfare programs and services are having a positive impact on the safety, permanency and well-being of children. Furthermore, through the use of data reported at the system and stakeholder levels, both the Child Welfare system as a whole, and the individual participants, can make better decisions about the interventions most effective in driving outcomes.

Prior to the initiation of the Program's Cycle of Accountability, the desired results, or outcomes, must be defined and a set of measures developed to evaluate the performance of the Child Welfare system.

3.1.9.1 *FLORIDA CHILD WELFARE PROGRAM OUTCOMES*

The Adoption and Safe Families Act (ASFA) of 1997, Public Law 105-89, reinforced safety, permanency and well-being as the primary goals for Child Welfare and formed the basis for a number of reforms by: [25]

- Emphasizing the necessity of ensuring children's safety.
- Shortening the time frames for making permanency decisions for children in foster care in recognition of their developmental needs and sense of time.
- Ensuring permanency planning begins the moment a child enters foster care.
- Emphasizing the importance of results and accountability.
- Encouraging innovation in the delivery of Child Welfare services.

ASFA also called for a redesign of the federal review of state Child Welfare programs. As a result, a revised federal review process – the CFSR – was established. Instead of monitoring state compliance with Child Welfare procedure as federal reviews had done in the past, the new CFSR was designed to focus on outcomes to confirm.[25]

- Children are safe and free from risks of harm.
- Children in foster care have an opportunity to achieve timely and appropriate permanency in their lives.
- Children and families who are involved with the Child Welfare system have their needs met in ways to promote their well-being and strengthen their opportunities for success in life.

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[25] Testimony on The Final Rule on Federal Monitoring of State Child Welfare Programs by Olivia A. Golden Assistant Secretary for Children And Families, U.S. Department of Health and Human Services Before the House Ways and Means Committee, Subcommittee On Human Resources. February 17, 2000.

In its Final Rule published on January 25, 2000, for the implementation of ASFA provisions related to the CFSR, the Department of Health and Human Services established seven outcomes focused of the reviews as well as corresponding performance and data indicators organized by the guiding principles of Child Welfare – safety, permanency and child and family well-being. As specified in s. 409.986(2), F.S., it is these seven federal outcomes, as well as two additional outcomes related to child safety and well-being, the Florida Legislature specified for the Program.

The nine Program outcomes are as follows (* indicates state-specific outcomes):

Safety

1. Children are first and foremost protected from abuse and neglect.
2. Children are safely maintained in their homes, if possible and appropriate.
3. Services are provided to protect children and prevent their removal from their home.*

Permanency

4. Children have permanency and stability in their living arrangements.
5. Family relationships and connections are preserved for children.

Child and Family Well-Being

6. Families have enhanced capacity to provide for their children's needs.
7. Children receive services to meet their physical and mental health needs.
8. Children receive appropriate services to meet their education needs.
9. Children develop the capacity for independent living and competence as an adult.*

Because the Program outcomes mirror the federal CFSR outcomes, many of the outcome measures selected for the Program are the same as or similar to the CFSR measures.

3.1.9.2 *APPROACH TO SELECTION OF OUTCOME MEASURES*

While the legislature specified the Program outcomes in statute, the Legislature directed DCF to select measures to evaluate the Child Welfare system's progress in achieving the nine outcomes. Pursuant to s. 409.997(3)(a), F.S., the outcome measures must meet the following criteria:

- The measures should be understandable.

- The measures should be limited in number.

- The measures should utilize available data.

- The measures should quantify outcomes as children move through Florida's system of care.

- The measures should be based on adequate sample sizes and gathered over suitable time periods.

- The measures should reflect authentic results and not be susceptible to manipulation.

The approach used to select the Program outcome measures was a collaborative effort involving iterative input and review by representatives of Child Welfare system stakeholder groups and subject matter experts (SME) in the area of Child Welfare practice and outcomes. The objective of this process was to identify a set of measures for each of the nine outcomes meeting the criteria laid out in Florida Statute. The work sessions and reviews conducted to select the outcome measures are described below.

National Research: In order to assist the stakeholders in identifying and selecting measures for the Program, North Highland and the Child Welfare Policy and Practice Group compiled a list of outcome measures for safety, permanency and child and family well-being from various state and federal sources.

Outcome and Measures Work Group Work Sessions: An Outcome and Measures Work Group was formed from the larger Program Technical Advisory Panel to develop a set of outcome measures for the Program. The Outcome and Measures Work Group included eight representatives from the following key Child Welfare system stakeholder groups:

- Department of Children and Families.

- Florida Institute for Child Welfare.

- Florida Senate.

- Florida House.

- Community-Based Care Lead Agencies.

- Foster/Adoptive Parents.
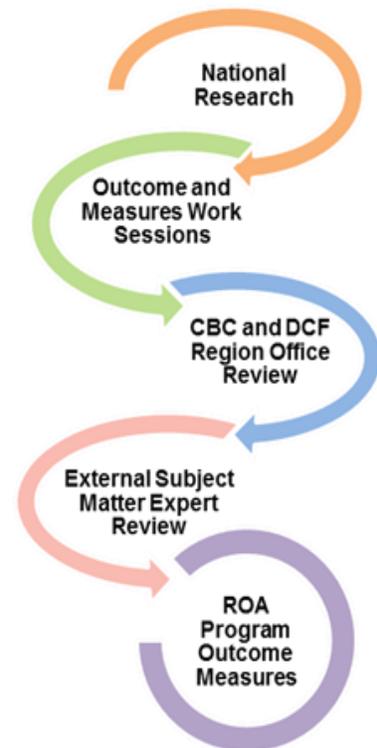
The Outcome and Measures Work Group held four work sessions to identify a draft set of outcome measures. At the completion of this effort, a list of draft measures was prepared.

CBC and DCF Region Office Review: Subject matter experts from the Quality and Performance Management Team of Eckerd Community Alternatives, the lead agency for Circuits 6 and 13, and the DCF SunCoast Region Office Quality Assurance Team reviewed the draft measures identified by the Outcome and Measures Work Group. Their input was used to finalize the measures which are presented below in section 3.1.9.3: Results-Oriented Accountability Program Outcome Measures.

External Subject Matter Expert Review: Throughout the outcome measures selection process, subject matter experts from the Child Welfare Policy and Practice Group attended the

Outcome and Measures Work Group sessions, performed research, conducted reviews of the draft measures and provided assistance in refining and finalizing the set of measures.

3.1.9.3   RESULTS-ORIENTED ACCOUNTABILITY PROGRAM OUTCOME MEASURES

The Program outcome measures enable Child Welfare system stakeholders to focus on results related to safety, permanency and well-being and evaluate programs and services provided to Florida's children and families. In order to help ensure the data needed to measure the outcomes is statistically valid, reliable and can be generated in a manner to provide timely performance feedback, most of the measures are based on a quantitative analysis of administrative data. In *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy*, the author states a key strength of the federal CFSR data measures is they are derived "from the use of administrative databases that are well established, provide some degree of reliability and validity and provide data on all children who enter foster care".[26] Much of the data required to calculate the outcome measures is currently collected and housed in state systems, namely FSFN, Florida's SACWIS.

As depicted in **Exhibit 19: Measuring Outcomes Across the Child Welfare Service Continuum,** the measures selected for the Program include safety, permanency and well-being outcome indicators across the Child Welfare service continuum, including:

- Hotline and Child Protective Investigation.
- Family Support Services, Judicial and Non-Judicial In-Home Services, Out-of-Home Judicial Services and Independent Living Services.
- Reunification, Permanent Guardianship and Adoption.

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[26] Testa, Mark F.; Poertner, John (2010-01-08). Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy (Page 196). Oxford University Press.

Objectives	Safety			Well Being				Permanency	
Outcomes	1. Children are first and foremost protected from abused and neglect.	2. Children are safely maintained in their homes, if possible and appropriate.	3. Services are provided to protect children and prevent their removal from their home.	1.Families have enhanced capacity to provide for their children's needs.	2.Children receive services to meet their physical and mental health needs.	3. Children receive appropriate services to meet their education needs.	4. Children develop the capacity for independent living and competence as an adult.	1. Children have permanency and stability in their living arrangement.	2. Family relationships and connections are preserved for children.
Outcome Measures	S1.1 S1.2 S1.3 S1.4 S1.5 S1.6 S1.7 S1.8	S2/3.1 S2/3.2		WB1.1	WB2.1 WB2.2	WB3.1 WB3.2 WB3.3	WB4.1 WB4.2 WB4.3 WB4.4 WB4.5 WB4.6 WB4.7	P1.1 P1.2 P1.3 P1.4a P1.4b P1.5 P1.6	P2.1

All Children Deserve the Opportunity to be Safe, Healthy and Developmentally and Educationally On Track in a Permanent Environment

Hotline>Child Protective Investigation

Family Support>Judicial In-Home>
Judicial In/Out of Home>Independent Living

Reunification>Permanent
Guardianship>Adoption

Exhibit 19: Measuring Outcomes Across the Child Welfare Service Continuum

While significant effort was made to define the outcome measures presented in this Plan, it should be noted these measures represent only a starting point. There is a great amount of work yet to be done to ensure accountability across the entire Child Welfare system. Additional measures must be included to ensure the entire Child Welfare process and all stakeholders are represented from "hotline to permanency."

Other activities include validating the measures, setting baselines and performance targets, verifying the use of the measures does not have unintended consequences resulting in a negative impact on child and family outcomes, and designing, developing and validating outcome measure reports. This work needs to be done in the pre-implementation phase of the program, in the post-implementation phase and through the recurring cycles of the Results-Oriented Accountability process itself. As a result, it may be determined certain measures need to be added, removed, or refined in order to better assess the achievement of outcomes.

The following sections define the outcome measures by the following information:

- The title of the measure.
- The outcome measured.
- The measure description.
- The purpose of the measure.
- The measure denominator.
- The measure numerator.
- The data collection methodology for the measure.

In addition to the items listed above, information and research supports the importance and significance of the measures in ensuring the achievement of the program outcomes is included in Attachment 6.1: Outcome Measure Basis for Selection.

Safety Outcome Measures

Children's safety and health are paramount concerns of the Child Welfare system. Often, the initial contact children and families have with Florida's Child Welfare system is through the Child Protective Investigation (CPI) process. Based on the CPI investigation, the case can take several routes, including and not limited to, voluntary Family Support Services, in-home judicial or non-judicial services, removal and placement in out-of-home care, or closure without services or intervention.

The safety outcome measures developed for the Program are designed to capture the performance of the Child Welfare system and effectiveness of its services in ensuring the safety of children who have come to its attention and preventing continued or future abuse and neglect of these children. These selected measures examine maltreatment while receiving services, the recurrence of maltreatment in the 12 months following the termination of services, and the need to escalate the type of services being provided to the child and family to ensure

the child's safety. The selected measures consider the type of services the child was receiving in order to be able to better determine if children receiving certain services are at a greater risk for re-maltreatment.

As shown in **Exhibit 20: Safety Outcome 1 Measures,** the eight measures for Safety Outcome 1 are presented in the tables below.

	SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT					
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
S1.1	Recurrence of Reports of Abuse or Neglect of Children with an Initial Screened Out Report	Percent of children with a subsequent report of abuse or neglect within 12 months of an initial report which was screened out by the Abuse Hotline. This measure is stratified by subsequent report by screen out, screen in -verified finding and screen in - non-verified finding.	This indicator is used to evaluate whether the Abuse Hotline has been effective in ensuring the safety of the child in their own home.	Number of children with a report of abuse or neglect received by the Abuse Hotline within a 12-month period which was screened out.	Number of children in the denominator who had a subsequent verified or unverified report of abuse or neglect within 12 months of the screened out report.	Data collection by entry cohort, where entry represents the date of the screened out report.
S1.2	Recurrence of Reports of Abuse or Neglect of Children Who Were Not Referred for Family Support Services or Case Management	Percent of children with a subsequent report of abuse or neglect within 12 months of an initial report which was closed without a referral to Family Support Services or Case Management. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether CPI has been effective in ensuring the safety of the child in their own home, assessing and addressing the family's needs and preventing a future verified report of abuse or neglect.	Number of children with an initial verified or unverified report of abuse or neglect within a 12-month period which was closed without referral to Family Support Services or Case Management.	Number of children in the denominator who did not have a subsequent verified or unverified report of abuse or neglect within 12 months of the initial report of abuse or neglect.	Data collection by entry cohort, where entry represents the date of the initial report.

	SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT					
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
S1.3	Reports of Abuse or Neglect of Children Receiving Family Support Services	Rate of reports of abuse or neglect per day of children receiving Family Support Services. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Child Welfare system is preventing and protecting children from experiencing abuse or neglect while receiving Family Support Services.	Of children receiving Family Support Services during a 12-month period, the number of days the children were receiving Family Support Services as of the end of the 12-month period.	Number of verified and unverified reports abuse or neglect for children in the denominator within the 12-month period.	Data collection by entry cohort, where entry cohort represents the initiation of Family Support Services.
S1.4	Recurrence of Reports of Abuse or Neglect of Children Who Received Family Support Services	Percent of children with a report of abuse or neglect within 12 months of completing Family Support Services. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Family Support Services have been effective in improving the safety of the child in their own home, assessing and addressing the family's needs and preventing a future report of abuse or neglect.	Number of children completing Family Support Services within a 12-month period.	Number of children in the denominator with a verified or unverified report of abuse or neglect within 12 months of completing Family Support Services.	Data collection by entry cohort, where entry represents the children completing Family Support Services.
S1.5	Reports of Abuse or Neglect of Children Receiving In-Home Case Management Services	Rate of reports of abuse or neglect per day of children receiving in-home case management services. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Child Welfare system is preventing and protecting children from experiencing abuse or neglect while under the state's supervision and receiving in-home case management services.	Of children receiving in-home services during a 12-month period, the number of days the children were receiving in-home case management services as of the end of the 12-month period.	Number of verified and unverified reports of abuse and neglect for children in the denominator within the 12-month period.	Data collection by entry cohort, where entry cohort represents the initiation of in-home case management services.

SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT						
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
S1.6	Recurrence of Reports of Abuse or Neglect of Children Who Received In-Home Case Management Services	Percent of children with a report of abuse or neglect within 12 months of completing in-home case management services. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the in-home case management services have been effective in improving the safety of the child in their own home, assessing and addressing the family's needs and preventing a future report of abuse or neglect.	Number of children completing in-home case management services within a 12-month period.	Number of children in the denominator with a verified or unverified report of abuse or neglect within 12 months of completing in-home case management services.	Data collection by entry cohort, where entry represents the children completing in-home case management services.
S1.7	Reports of Abuse or Neglect of Children in Out-Of-Home Care	Rate of reports of abuse or neglect per day of children in out-of-home care. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Child Welfare system is preventing and protecting children from experiencing abuse and neglect while they are in out-of-home care and under the state's responsibility for placement and care.	Of children in out-of-home care during a 12-month period, the number of days the children were in out-of-home care as of the end of the 12-month period.	Number of verified and unverified reports of abuse or neglect for children in the denominator within the 12-month period.	Data collection by entry cohort.
S1.8	Recurrence of Reports of Abuse or Neglect of Children Who Were In Out-Of-Home Care	Percent of children with a report of abuse or neglect within 12 months of the end of the removal episode. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Child Welfare system has been effective in ensuring the safety of the child in their own home, assessing and addressing the family's needs and preventing a future report of abuse or neglect.	Number of children reunified within a 12-month period.	Number of children in the denominator who did not have a verified or unverified report of abuse or neglect within 12 months of end of the removal episode.	Data collection by entry cohort.

Exhibit 20: Safety Outcome 1 Measures

As shown in **Exhibit 21: Safety Outcome 2/3 Measures**, the two measures for Safety Outcome 2/3 are presented in the table below.

SAFETY OUTCOME 2/3: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES, IF POSSIBLE AND APPROPRIATE / SERVICES ARE PROVIDED TO PROTECT CHILDREN AND PREVENT THEIR REMOVAL FROM THEIR HOME						
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
S2/3.1	Effectiveness of Family Support Services	Percent of children receiving Family Support Services who did not require in-home case management services or out-of-home care.	This indicator is used to evaluate the type and effectiveness of Family Support Services in identifying and resolving the family functioning issues.	Number of children who begin receiving Family Support Services within a 12-month period.	Number of children in the denominator who begin receiving in-home case management services or are placed in out-of-home care within 12 months of beginning Family Support Services.	Data collection by entry cohort, where entry represents the initiation of Family Support Services.
S2/3.2	Effectiveness of In-Home Case Management Services	Percent of children receiving in-home case management services which are escalated to out-of-home care.	This indicator is used to evaluate the type and effectiveness of in-home case management services in identifying and resolving the family functioning issues.	Number of children who begin receiving in-home case management services within a 12-month period.	Number of children in the denominator subsequently placed in out-of-home care within 12 months of beginning in-home services.	Data collection by entry cohort, where entry represents the date of in-home case management services.

Exhibit 21: Safety Outcome 2/3 Measures

Permanency Outcome Measures

At the end of 2014, there were over 19,000 children in out-of-home care in Florida.[27] Once it is determined it is in the best interest of the child to be removed from their home and placed in out-of-home care, it is the responsibility of Florida's Child Welfare system to ensure safe and timely permanency for the child through reunification with their parent(s) or primary caregiver, adoption or legal guardianship.

While it is important for the Child Welfare system to reduce the amount of time to permanency, it is also critical the system balance this objective with preventing re-entry into out-of-home care and removal of children whose needs could have been addressed with in-home services. Counterbalance measures, such as P1.5 Rate of Removal and P1.6 Re-Entry into Out-Of-Home Care, have been included to help mitigate any unintended consequences associated with the permanency outcome measures. This balance should also include revisions to targets as outcomes are achieved over time. For example, as diversion services are successful, fewer children should enter care and those who enter care may have risk factors which differ from previous populations. Targets may need to be revised or new measure stratification added to better assess outcomes within the context of the changing environment.

The concept of permanency in Child Welfare has several aspects, which the proposed outcome measures are designed to capture, including:

- **Placement setting** - Placing the child in the least restrictive, most family-like setting meeting their needs, preferably a relative caregiver home, traditional foster home or treatment foster home.

- **Placement stability** - Minimizing the number of placement changes for the child.

- **Educational stability** - If a placement change is necessary, ensuring it does not also require a school change for the child.

- **Family connections** - Preserving continuity and connections between the child and their family members while the child is in out-of-home care.

- **Legal permanence** - Achieving a permanent home for a child in out-of-home care in a timely manner through reunification, adoption or guardianship.

- **Re-entry to out-of-home care** - Ensuring permanency for the child is stable and a child who achieves permanency does not end up returning to out-of-home care as time elapses.

As shown in **Exhibit 22: Permanency Outcome 1 Measures**, the six measures for Permanency Outcome 1 are presented in the table below.

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[27] Department of Children and Families. Program Performance Dashboard. Accessed on January 17, 2015.http://dcfdashboard.dcf.state.fl.us/.

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING ARRANGEMENTS						
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
P1.1	Placement Setting	Percent of children in out-of-home care who are placed in a family-based setting. This measure is stratified by child's age (0-5 years, 6-11 years, 12 years and older) and type of family-based setting (relative, non-relative and licensed foster home).	This indicator is used to evaluate whether the Child Welfare system is placing children in the least restrictive, most family-like setting available and the distribution across age levels falls within an established, research informed range.	Number of children in out-of-home care on the last day of the reporting period.	Number of children in the denominator who are placed in a family-based setting.	Data collection by point in time.
P1.2	Stability of Living Arrangement	Rate of placement moves per day of children in out-of-home care.	This indicator is used to evaluate how successful the Child Welfare system is in providing stable living arrangements for children during their stay in out-of-home care and keeping the number of placement moves at a minimum.	Of children who enter out-of-home care in a 12-month period, the total number of days these children were in out-of-home care as of the end of the 12-month period.	Number of placement moves during the 12-month period for the children in the denominator.	Data collection by entry cohort.
P1.3	Educational Stability	Percent of children with a placement change which did not result in a school change.	This indicator is used to evaluate how successful the Child Welfare system is in providing stable living arrangements for children during their stay in out-of-home care and ensuring necessary placement moves are the least disruptive as possible.	Of school age children in out-of-home care during the school year, the number who had at least one placement change.	Number of children in the denominator who had a placement change which resulted in a change in the school in which they were enrolled.	Data collection by entry cohort.

No.	Title	Description	Purpose	Denominator	Numerator	Methodology
P1.4a	Permanency for Children in Out-Of-Home Care (0-12 months)	Percent of children who achieved permanency within 0-12 months of entering out-of-home care. This measure is stratified by all permanency goals and by each type of permanency goal, including reunification, adoption and guardianship.	This indicator is used to evaluate how well the Child Welfare system performs in transitioning children to a permanent home in the shortest possible time so they do not spend a significant portion of their childhood in out-of-home care. It also evaluates the Child Welfare system's success in achieving permanency for children who have been in out-of-home care for a long period of time.	The number of children who enter foster care in a 12-month period.	Number of children in the denominator who discharge to permanency within 12 months of entering foster care.	Data collection by entry cohort.
P1.4b	Permanency for Children in Out-Of-Home Care (13-24 / 25-60 / more than 60 months)	Percent of children who achieved permanency within 13-24, 25-60 and more than 60 months of entering out-of-home care. This measure is stratified by all permanency goals and by each type of permanency goal, including reunification, adoption and guardianship.	This indicator is used to evaluate how well the Child Welfare system performs in transitioning children to a permanent home in the shortest possible time so they do not spend a significant portion of their childhood in out-of-home care. It also evaluates the Child Welfare system's success in achieving permanency for children who have been in out-of-home care for a long period of time.	The number of children in out-of-home care 13-24/25-60/more than 60 months of the first day of the fiscal year.	The number of children in the denominator who achieved permanency within 12 months.	Data collection by entry cohort.

Permanency Outcome 1: Children have permanency and stability in their living arrangements

**PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING ARRANGEMENTS**
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
P1.5	Rate of Removal	Average rate of removal of children per 1,000 falls within an established, research-informed range / statistical control limits	This indicator is used to evaluate the rate at which the Child Welfare system is removing children from their homes.	Number of children in the general population.	Number of children in the denominator placed in out-of-home care within a 12-month period [Multiply result by 1000 to get the rate].	Data collection by entry cohort.
P1.6	Re-Entry into Out-Of-Home Care	Percent of children who achieved permanency who subsequently re-enter out-of-home care. This measure is stratified by re-entry within 0-12, 13-24, 25-60 and more than 60 months.	This indicator is used to evaluate the Child Welfare system's success in finding stable permanent homes for children, and they remain in these homes without coming back into out-of-home care.	Number of children in out-of-home care who achieve permanency within 12 months.	Number of children in the denominator who re-enter out-of-home care.	Data collection by entry cohort.

Exhibit 22: Permanency Outcome 1 Measures

As shown in **Exhibit 23: Permanency Outcome 2 Measures**, the measure for Permanency Outcome 2 is presented in the table below.

No.	Title	Description	Purpose	Denominator	Numerator	Methodology
PERMANENCY OUTCOME 2: FAMILY RELATIONSHIPS AND CONNECTIONS ARE PRESERVED FOR CHILDREN						
P2.1	Preserving Connections with Siblings	Percent of sibling groups in out-of-home care in which siblings are placed together. This measure is stratified by sibling groups in which all siblings are placed together and in which some siblings (2 or more) are placed together.	This indicator is used to evaluate the success of the Child Welfare system in maintaining family connections for children in out-of-home care.	Number of sibling groups in out-of-home care at the end of the reporting period.	Number of sibling groups in the denominator where at least 2 or more siblings are in the same placement at the end of the reporting period, stratified by some siblings placed together and all siblings placed together.	Data collection by point in time.

Exhibit 23: Permanency Outcome 2 Measures

Well-Being Outcome Measures

In recent years, there has been a greater focus on the well-being of children and families who are involved with the Child Welfare system. Children in out-of-home care often have greater educational, physical health and behavioral health needs than children in the general population. Also, children who "age out," or transition from out-of-home care without achieving permanency, must be provided with the skills and resources they need to live independently once they exit the Child Welfare system. If these educational, health and independent living needs are not addressed, it can impact a child's likelihood for achieving permanency and their ability to function effectively as adults. Therefore, it is critical to monitor well-being outcomes.

The selected child and family well-being outcome measures cover a broad range of factors for children in out-of-home care, including the Child Welfare system's ability to effectively address:

- **Families' needs** - Coordinating and overseeing the delivery of services to parents and other caregivers to strengthen and support their ability to safely care for and support their children.

- **Children's educational needs** - Ensuring children in out-of-home care are engaged and successful in school.

- **Children's physical and behavioral health needs** - Coordinating and overseeing the delivery of medical, dental and behavioral health services to children in out-of-home care.

- **Children's independent living needs** - Preparing the over 1,300 children in Florida who "age out" of out-of-home care each year to successfully transition to adulthood.[28]

As mentioned above, historically, there has been more of an emphasis on measuring safety and permanency outcomes versus child and family well-being outcomes; therefore, more data gaps currently exist for the child and family well-being measures.

As shown in **Exhibit 24: Well-Being Outcome 1 Measures**, the measure for Well-Being Outcome 1 is presented in the table below.

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[28] Average number of exits to emancipation 2009-2012.Child Welfare Outcomes 2009-2012 Report to Congress. November 2014. Children's Bureau, U.S. Department of Health and Human Services.

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB1.1	Caregiver Capacity to Provide for Child's Needs	Rating of performance based on the Family Functioning Assessment-Ongoing and Progress Update tools within FSFN assessing caregiver capacity to provide for their child's needs.	This indicator is used to evaluate the effectiveness of services provided by the Child Welfare system to caretakers in order to prevent the removal of the child from the home or return the child to the home.	Rating will be based on the Family Functioning Assessment-Ongoing and Progress Update tools within FSFN.	Rating will be based on the Family Functioning Assessment-Ongoing and Progress Update tools within FSFN.	Data collection based on the results of the Family Functioning Assessment – Ongoing and Progress Update tools within FSFN.

Exhibit 24: Well-Being Outcome 1 Measures

As shown in **Exhibit 25: Well-Being Outcome 2 Measures**, the two measures for Well-Being Outcome 2 are presented in the table below.

WELL-BEING OUTCOME 2: CHILDREN RECEIVE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS						
#	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
WB2.1	Health of Children in Out-Of-Home Care	Percent of children in out-of-home care who have received primary healthcare services. This measure is stratified by children receiving a dental exam every 7 months, children receiving an Early Periodic Screening, Diagnosis and Treatment (EPSDT) exam with 72 hours of removal, and children receiving recommended primary healthcare services.	This indicator is used to evaluate how well the Child Welfare system meets the primary health care needs of children in out-of-home care.	Number of children in out-of-home care for as of the last day of the reporting period.	Number of children in the denominator who have received primary healthcare, dental and EPSDT services within the prescribed timeframes.	Data collection by entry cohort.
WB2.2	Behavioral Health of Children in Out-Of-Home Care	Rating of performance based on tool assessing child's behavioral health upon initiation and at termination of services.	This indicator is used to evaluate the effectiveness of behavioral health services provided by the Child Welfare system to children receiving in-home case management services and in out-of-home care.	To be determined when tool selected / developed.	To be determined when tool selected / developed.	Data collection through case reviews and interviews with children, families, case workers and providers.

Exhibit 25: Well-Being Outcome 2 Measures

Exhibit 26: Well-Being Outcome 3 Measures presents the three measures for Well-Being Outcome 3.

WELL-BEING OUTCOME 3: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATION NEEDS						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB3.1	School Attendance of Children in Out-Of-Home Care	Percent of school days attended by children in out-of-home care.	This indicator is used to evaluate how well the Child Welfare system is meeting the child's educational needs by ensuring they attend school.	Of all children in out-of-home care during a 12-month period, the total number of school days these children were eligible to attend school.	Number of school days attended by the children in the denominator within the 12-month period.	Data collection by entry cohort.
WB3.2	School Performance of Children in Out-Of-Home Care	Percent of children in out-of-home care making adequate educational progress.	Children in out-of-home care often come into care behind grade level. This indicator is used to evaluate the educational progress of children in out-of-home care by ensuring the child's academic performance does not decline while in out-of-home care.	To be determined.	To be determined.	Data collection by entry cohort.
WB3.3	School Involvement of Children in Out-Of-Home Care	Percent of children in out-of-home care involved in at least one extracurricular school activity during the school year.	This indicator is used to evaluate how well the Child Welfare system is meeting the child's educational needs through the child's involvement in activities are likely to improve school attendance and sense of engagement and belonging in the school setting.	Number of children in out-of-home care for one year or more who are age 12 years or older.	Number of children in the denominator who have been involved in at least one extracurricular school activity in the last 12 months.	Data collection by entry cohort.

Exhibit 26: Well-Being Outcome 3 Measures

As shown in **Exhibit 27: Well-Being Outcome 4 Measures**, the seven measures for Well-Being Outcome 4 are presented in the table below.

Note: For those youth who have exited care, the National Youth in Transition Database (NYTD) survey data will be leveraged to the greatest extent possible for well-being outcome measures tracking future employment and housing. The NYTD is a national study assesses state performance in achieving positive outcomes for youth who "age out" of out-of-home care and transition into adulthood. Information is gathered and reported for Florida's youth in out-of-home care at age 17 and then again at ages 19 and 21.

WELL-BEING OUTCOME 4: CHILDREN DEVELOP THE CAPACITY FOR INDEPENDENT AND COMPETENCE AS AN ADULT						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB4.1	Transition to Independent Living / Adulthood – Education	Percent of young adults who aged out of out-of-home care who have completed or are enrolled in secondary education, vocational training and/or adult education.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge to enter into adulthood through proper education and job training.	Number of young adults who aged out of out-of-home care.	Number of young adults in the denominator who have completed or are enrolled in secondary education, vocational training, adult education as of their 18th birthday.	Data collection by entry cohort.
WB4.2	Transition to Independent Living/Adulthood - Housing	Percent of young adults who aged out of out-of-home care who have safe and stable housing at 1 year and 3 years after discharge. This measure is stratified by youth who opt in to Extended Foster Care and by those who do not when aging out of out-of-home care.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge for a successful transition into adulthood.	Number of young adults who aged out of out-of-home care.	Number of young adults in the denominator who have safe and stable housing at 1 year and 3 years after discharge.	Data collection by entry cohort.

WELL-BEING OUTCOME 4: CHILDREN DEVELOP THE CAPACITY FOR INDEPENDENT AND COMPETENCE AS AN ADULT						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB4.3	Transition to Independent Living/Adulthood - Employment	Percent of young adults who aged out of out-of-home care who have full-time or part-time employment at 1 year and 3 years after discharge.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge for a successful transition into adulthood.	Number of young adults who aged out of out-of-home care.	Number of young adults in the denominator who have full-time or part-time employment at 1 year and 3 years after discharge.	Data collection by entry cohort.
WB4.4	Transition to Independent Living/Adulthood – Driver's License	Percent of young adults who aged out of out-of-home care who have obtained a driver's license.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge for a successful transition into adulthood.	Number of young adults who aged out of out-of-home care.	Number of young adults in the denominator who have obtained a driver's license.	Data collection by entry cohort.
WB4.5	Transition to Independent Living/Adulthood – Felony Convictions	Percent of children who aged out of out-of-home care who are not convicted of a felony within 36 months of discharge.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge for a successful transition into adulthood.	Number of young adults who aged out of out-of-home care in a 12 month period.	Number of children in the denominator who were not convicted of a felony within 36 months of discharge.	Data collection by entry cohort.
WB4.6	Children Aging Out of Out-Of-Home Care	Percent of children who aged out of out-of-home care.	This indicator is used to evaluate how well the Child Welfare system performs in finding permanent homes for the children in its care so they do not have to transition to adulthood without the support of a family.	Number of children who were discharged from out-of-home care.	Number of children in the denominator who aged out of out-of-home care.	Data collection by entry cohort.

WELL-BEING OUTCOME 4: CHILDREN DEVELOP THE CAPACITY FOR INDEPENDENT AND COMPETENCE AS AN ADULT						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB4.7	Former Foster Care Youth Perpetrating Abuse or Neglect	Percent of children who aged out of out-of-home care who are not perpetrators of abuse or neglect within seven years.	This indicator is used to evaluate the Child Welfare system's efforts to provide the necessary supports for youth aging out of out-of-home care so they do become perpetrators of abuse or neglect as adults.	Number of young adults who aged out of out-of-home care in a 12 month period.	Number of children in the denominator who were not perpetrators of abuse or neglect within seven years of discharge.	Data collection by entry cohort.

Exhibit 27: Well-Being Outcome 4 Measures

3.1.9.4 OUTCOME MEASURE CONSIDERATIONS

Essential to the cycle of accountability is measuring the impact of changes in services and programs on child and family outcomes and using this information to improve Florida's Child Welfare system. The implementation of the Program is a significant effort requiring the commitment of time and resources over several years to be successful. The outcome measures described above in section 3.1.9.3: Results-Oriented Accountability Program Outcome Measures represent a starting point. There are a number of pre- and post-implementation activities to be undertaken in order to ensure the information the measures provide is useful and effective in testing new and existing strategies, assessing progress and informing stakeholders about how the system's programs and services affect outcomes for children and families.

Construct Validity

The construct validity of the outcome measures must be tested and proven both prior to and post implementation. In *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy*, construct validity is defined as the "goodness of match" between an outcome and the outcome measure[29]. Prior to implementation, DCF will need to undertake an effort to validate the measures to better understand what the measure indicates, as well as what it does not indicate. It is important the evaluation of construct validity not be dependent on a single approach but corroborated by multiple approaches and evaluation methodologies. One approach includes academic research to identify existing external evidence to support the measures. In addition, data analysis can provide empirical evidence for certain aspects of construct validity. For example, the predictive validity of the measures, or the extent to which the measure is predictive of the outcome, are assessed through predictive validation methodologies such as separation metrics, comparison of predicted versus actual rates and misclassification rates. Alternatively, correlation with other metrics known to be valid for the outcome, including metrics more qualitative or abstract in nature can be used. Please see section 3.3: Data Analysis for a brief overview of how data analytics will be used to establish the construct validity of the outcome measures.

Validity will also be assessed through the use of two complementary models:

1. ROA Construct Validity models are used to verify all of the appropriate information is taken into account for a given outcome.
2. Measurement Traceability models are used to verify the appropriate set of measures are used to track outcomes.
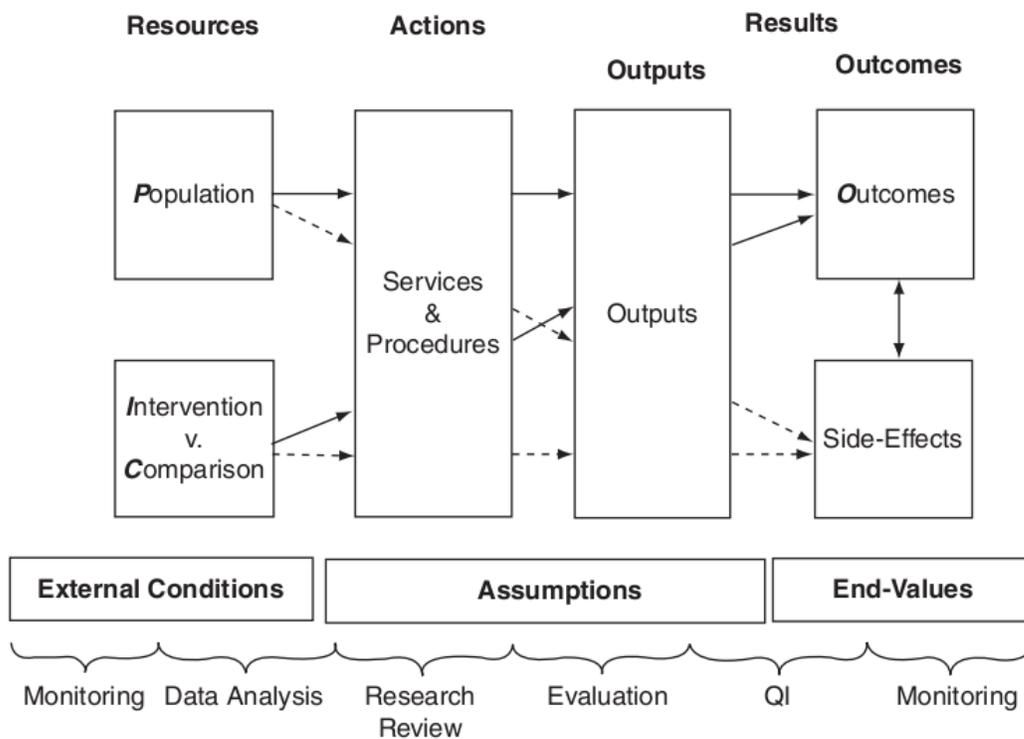
As shown in **Exhibit 28: ROA Logic Model Validity**[30], Dr. Mark Testa's ROA Logic Model is used to describe and validate the correctness of required components (e.g., actions,

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[29] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.
[30] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

populations, interventions, services, procedures and outcomes). Measurement models are used to identify "construct validity violations" (e.g., when measures are not good indicators of outcomes, or when measures required to measure outcomes are missing). Measurement traceability models leverage cause and effect logic to verify the relationships between outcomes, measure and actions. For example, a measurement model would be used to verify "if we wish to *preserve connections with siblings*" then we need to measure the "*Percent of sibling groups in out-of-home care in which siblings are placed together"* because "*This measure reflects the degree to which children in out-of-home care are placed with their siblings who are also in out-of-home care*" and "*indicates success of the Child Welfare system in maintaining family connections for children in out-of-home care."* During the pre-implementation of the Program, ROA and Measurement traceability models would need to be constructed to validate construct and measurement validity.

Exhibit 28: ROA Logic Model

The combined application of both sets of logic models should provide a concrete approach to creating and updating effective measurements which have construct validity.

Data Quality

Unfortunately, computer systems rarely have perfect data (especially when they are as large and complex as FSFN). However, perfection is not required to start the ROA process. In fact,

the implementation of the Program will provide the data analysis tools and data visibility needed to improve essential data quality. Staffing and costs associated with these efforts are allocated under:

- Initiative 3: Master Data Management (MDM) (to reconcile data differences between the various Child Welfare Community stakeholder groups)

- Initiative 10: Child Welfare Community Data: (to extract, transform, cleanse and load ROA data from all of the Child Welfare Community stakeholder groups (including DCF)).

In ROA, data quality becomes a continuous process of assessment and remediation. In the initial stages of analysis, data will be loaded into appropriate data analytics tools where basic quality issues and remediation tasks will be identified. FICW will also use analytics tools to continuously monitor ongoing data quality indicators and recommend remediation tasks. Throughout the Program, a risk-based approach to data quality will be used to prioritize work (e.g., focus cleansing efforts on Child Welfare impacts and integrity of essential ROA measures).

While data analysis tools can be used to identify and fix data issues after they occur, it is usually more effective to use things like training and procedures to minimize the problem before it occurs. For example, there has been no recent and comprehensive FSFN training provided to the Child Welfare Community. As a result, there is some variation statewide on the interpretation of the definition and use of certain data fields. To help ensure the accuracy, consistency and overall quality of the source data used to calculate the outcome measures, DCF should consider an additional implementation initiative or separate project to develop and distribute written guidelines and provide training for the Child Welfare Community to create a common understanding of the data entered in FSFN. Once the Program is operational, the data quality and reliability of the measures will be continuously assessed through the Outcomes Monitoring stage, and through this process, opportunities for improvement should be identified and acted upon.

Please see section 3.3: Data Analysis for a more detailed explanation of how data quality will be evaluated.

Unintended Consequences

The Program is built on a foundation of research and evidence-informed interventions demonstrating specific outcomes with minimal side-effects. In cases where new, innovative, or experimental interventions may be implemented, ROA has specific controls in place to incrementally expand the implementation of those interventions in a way to allow unintended consequences to be identified as early as possible. The Program also incorporates a set of logic models to confirm the construct validity of the measures before implementation. This helps prevent unintended consequences before measurement changes are implemented.

In both pre- and post-implementation, the outcome measures should be tested, reviewed and monitored for unintended consequences. As the measures included in this Plan were

developed, consideration was given to minimizing unintended consequences. For example, to offset the incentive to remove children who can be easily reunified, or reunify children before it is safe to do so in order to improve performance on the permanency measures, a rate of removal measure and rate of re-entry measure have been included. In addition, many of the measures do not cut off performance monitoring at a specific time period, such as 12 months, but continue monitoring the system's performance across longer periods of time. This eliminates the incentive to focus only on improving results for children at the specified threshold. In addition to the careful selection and design of measures, unintended consequences can be minimized by establishing performance targets balancing goals across all measures and outcomes.

Performance Baselines and Results/Outcome/Accountability Targets

After measures have been defined, validated and piloted, baseline measurements should be taken at the ROA system and stakeholder levels. These baselines provide a starting point to track against future progress.

Measurement accountability targets should also be defined. These targets define anticipated ranges of performance ranges. Initially, these accountability targets will be set by the individual stakeholders with assistance from FICW. As measurement usage matures, and collaboration extends to multiple stakeholders, FICW will coordinate the setting of accountability targets across the interrelated stakeholders. Accountability targets should take into account certain factors such as past performance, performance standards, service array and client characteristics. FICW will monitor targets, measurements and outcomes to detect and correct any unintended consequences or potential validity issues.

Measure Data Aggregation

Several of the outcome measures involve grouping of data by some factor such as age, time period and placement with all or some siblings. Prior to implementation of the Program, further consideration should be given to include additional aggregations across all of the measures. This would provide stakeholders with the option to review both the overall measure as well as segments of it reported by a variety of relevant factors such as age, gender, ethnic group and placement type. For example, for Safety Outcome Measure S1.3: Recurrence of Abuse and Neglect of Children Investigated by CPI, the user may want to summarize the data by age, ethnicity, gender, allegation type and reporter type to gain additional insight when evaluating the results.

Measure Drivers

There are two basic types of measures within ROA programs: outcomes and drivers. The outcome measures described in section 3.1.9.3: Results Oriented Accountability Program Outcome Measures are quantitative, and the majority of these measures will be calculated using administrative data routinely collected and housed in FSFN (Florida Safe Families Network) and other state agency systems. These measures will be used to determine whether the Child Welfare system is meeting the broad outcomes of safety, permanency, and well-being and to inform decisions of staff, administrators and legislators. These measures will also be used to test the effectiveness of new or modified programs and services.

Measure drivers track the implementation of services and procedures expected to produce the desired outcomes (see **Exhibit 28: ROA Logic Model**). Measure drivers fall into three categories: Fidelity to the practice model, process (compliance/outputs), level of resources (people/training/competency). This information is used to evaluate and improve the effectiveness of activities and the intervention they support. For example, this information could be used to eliminate unnecessary steps or indicate a need for specialized training. Measure drivers may be quantitative (calculated from administrative data) or qualitative data (collected through case reviews, focus groups, surveys, and interviews with children, families, case workers and providers). In summary, Measure drivers provide valuable information on services and procedures used to implement an intervention and achieve the desired outcomes.

It should be noted procedural and system changes will be required to support the implementation of measures. The effort associated with these changes reflected in the attached cost model as part of Data Updates.

Collaboration and Accountability Across the Child Welfare Community

The Child Welfare system is a confederation of many organizations who collaborate to achieve the safety, permanency and well-being outcomes. The initial ROA outcomes and measures presented above are based primarily on a DCF and CBC lead agency perspective. To be truly effective, a collaborative view of the Child Welfare Community is required for timely awareness of risks, opportunities and challenges.

To support a complete Child Welfare Community perspective, outcomes and measures need to be extended to capture the interdependencies between the various organizations, and to raise awareness and accountability of those interdependencies across the Child Welfare Community. An example of this collaboration is shown in below. **Exhibit 29: Measurements Across the Child Welfare Community** shows a simplified perspective of how a child and family may interact with the Child Welfare Community after initiated through a hotline referral.

For any stakeholder performing a function or sub-function in the Child Welfare Community should be accountable for the results of their function. In order to determine the results, measurement points for activities and outcomes are established example of how various stakeholders may collaborate to perform actions tied to specific outcome measures for safety, well-being, and permanency. Note: This exhibit reflects a point of measurement, not the

responsibility of the various stakeholders for child and family safety, permanency and well-being. In many cases, the point of measurement is influenced by the activities of other stakeholders.
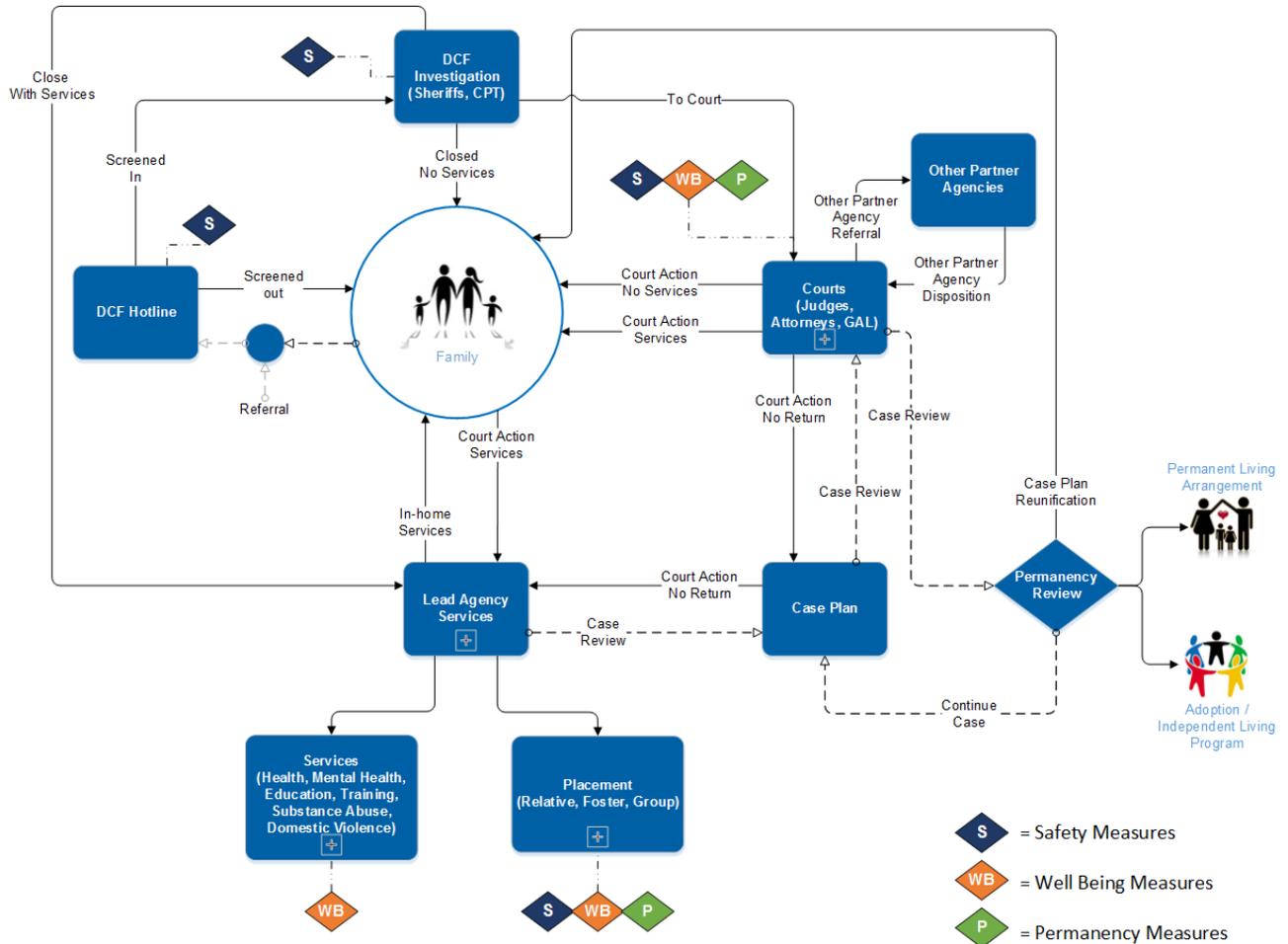
Exhibit 29: Measurements Across the Child Welfare Community

The ROA implementation plan takes an iterative approach to incorporating each of the various Child Welfare Community stakeholder groups (see **Exhibit 8: Child Welfare Community Stakeholders** for a current list of organizations). Each iteration would result in the deployment of ROA for one of these organizations. For example, one iteration might be used to incorporate CLS into the ROA program. At the end of the iteration, CLS functionality for ROA would be deployed.

Each iteration would involve the following initiatives for the stakeholder communities:

- **Initiative 2** - **Measure Development and Validation** (to define collaboration and accountability of each Child Welfare Community).

- **Initiative 9** – **Results-Oriented Accountability Reporting System** (to extend FSFN to support perspectives of each stakeholder group in the Child Welfare Community).

- **Initiative 10** – **Child Welfare Community Data** (to enable data sharing within the Child Welfare Community).

Specify Valid and Reliable Measures for Each Outcome

As indicated earlier in this document, FICW must validate measures before they are implemented, then work with the Child Welfare Community to continuously monitor and improve measurement quality after implementation. The sub-sections below introduce the measurement quality rating process used to establish an initial measurement quality baseline and improve the reliability and validity of those measures over time. The use of these measurement quality ratings will also help prioritize measure related activities such as measurement development and research. The initial baseline measurement ratings are provided in section 6.2 Example of "Validity and Reliability Ratings" for Outcome Measures. Detailed descriptions of the proposed Safety, Permanency and Child and Family Outcome Measures can be found in 3.1.8.3 Results-Oriented Accountability Program Outcome Measures.

In addition to the standard mathematical validity and reliability rating process described in the next subsection, there are several implementation factors to consider as part of validity and reliability. For example, are the correct outcomes and measures being tracked, are there any conflicts leading to gaming or prevent successful implementation, do the interventions identified resolve all issues without introducing new issues, are there any prerequisites which are currently preventing the implementation of the intervention(s) and finally, does the implementation take these factors into consideration? Measure traceability models are used to specifically address these types of issues.

3.1.9.5 *PROCESS FOR RATING VALIDITY AND RELIABILITY OF OUTCOME MEASURES*

The initial rating process described is based on the approach defined by the National Registry of Evidence-Based Programs and Practices (NREPP[31]). *NREPP rates the quality of the research supporting intervention outcomes and the quality and availability of training and implementation materials.* While there are several ratings systems which could be used, this measurement rating system was chosen because of NREPPs role in helping define national standards for evidence-based programs. NREPP also provides a standard for searchable online registry of interventions which should be used for finding and publishing research. Through NREPP, users can identify and learn more about interventions. All the interventions in

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[31] Rating information was based on the SAMHSA's National Registry of Evidence-based Programs and Practices which can be found on http://nrepp.samhsa.gov/AboutNREPP.aspx.

NREPP have met a set of minimum requirements, and have been assessed by independent reviewers.

The outcome measure ratings are based on NREPP's six evaluation criteria: Reliability, Validity, Fidelity, Missing Data, Confounding Variables and Appropriateness. A scale of 0 to 4 is used, with 4 being the highest rating given. These ratings are described below. An example of the initial ROA measurement ratings are shown in **Attachment 6.2: Example of Validity and Reliability Ratings for Outcome Measures**. An official measurement ratings process and baseline should be defined by FICW at the beginning of ROA implementation.

1. **Reliability of Measures** - Outcome measures should have acceptable reliability to be interpretable. "Acceptable" here means reliability at a level conventionally accepted by experts in the field. For example a 0 would indicate an absence of evidence of reliability or evidence some relevant types of reliability (e.g., test-retest, inter-rater, inter-item) did not reach acceptable levels. A score of 4 indicates all relevant types of reliability have been documented to be at acceptable levels in studies by the applicant.

2. **Validity of Measures** - Outcome measures should have acceptable validity to be interpretable. Here a score of 0 would indicate an absence of evidence of measure validity, or some evidence the measure is not valid. A score of 4 would indicate the measure has one or more acceptable forms of criterion-related validity (correlation with appropriate, validated measures or objective criteria); OR, for objective measures of response, there are procedural checks to confirm data validity; absence of evidence the measure is not valid.

3. **Measurement Fidelity** - The "experimental" measurement implemented in a study should have fidelity to the outcome. Instruments testing acceptable properties (e.g., inter-rater reliability, validity as shown by positive association with outcomes) provide the highest level of evidence. A fidelity score of 0 would indicate an absence of evidence or only narrative evidence the applicant or provider believes the intervention was implemented with acceptable fidelity. A score of 4 would indicate there is evidence of acceptable fidelity from a tested fidelity instrument shown to have reliability and validity.

4. **Missing Data and Attrition** - Study results can be biased by participant attrition and other forms of missing data. Statistical methods as supported by theory and research can be employed to control for missing data and attrition biasing results, and studies with no attrition or missing data needing adjustment provide the strongest evidence results are not biased. A 0 score would be given if missing data and attrition were taken into account inadequately, OR there was too much to control for bias. On the other end of the spectrum, a 4 would be given if missing data and attrition were taken into account by more sophisticated methods modelling missing data, observations, or participants, OR there were no attrition or missing data needing adjustment.

5. **Potential Confounding Variables** - Often variables other than the intervention may account for the reported outcomes. The degree to which confounds are accounted for affects the strength of causal inference. Zero indicates confounding variables or factors were as likely to account for the outcome(s) reported as were the hypothesized causes. Four would indicate all known potential confounding variables appear to have been completely addressed in order to allow causal inference between the intervention and outcome(s) reported.

6. **Appropriateness of Analysis** - Appropriate analysis is necessary to make an inference an intervention caused reported outcomes. If analyses were not appropriate for inferring relationships between intervention and outcome, OR sample size was inadequate, then a 0 score would be given. If analyses were appropriate for inferring relationships between intervention and outcome and the sample size and power (the ability of a test to detect an effect, if the effect actually exists) were adequate, then appropriateness would be rated as a 4.

Validity and Reliability Ratings of Initial Outcome Measures

Validity and Reliability ratings are used to show how well measures explain and predict outcome results. The following sub-sections describe a preliminary high-level assessment of the outcome measures. As mentioned earlier, a more detailed example of what a completed rating will look like is provided in **Attachment 6.2: Example of Validity and Reliability Ratings for Outcome Measures**. A detailed rating assessment should be performed by FICW to establish a quality baseline for these measures, prior to implementation. These ratings should continue to be monitored so informed decisions can be made to optimize measurement collection and usage. The results of this rating analysis will be used to plan and cost future ROA efforts.

Quality of Safety Outcome Measures

In evaluating these safety measures two major factors impacted the overall rating. First, all eight of the safety measures are based on existing measures used in some form in existing DCF or national dashboards. Secondly no major gaps were defined in the data required to calculate the measure.

These outcome measures have been determined to have acceptable reliability based on conventional acceptance by national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing "face validity" (a test can be said to have face validity if it "looks like" it is going to measure what it is supposed to measure). There is also an absence of evidence the measure is invalid.

Quality of Permanency Outcome Measures

In evaluating the following Permanency measures two major factors impacted the overall rating. First, five of the six measures are based on existing measures used in some form in existing DCF or national dashboards. However, a new DCF measurement for Educational Stability has been added. The data required to calculate Educational Stability appears to already be stored in the FSFN database, but there are concerns with missing data. Changes to methodology and training would be required to address these issues.

These outcome measures have been determined to have acceptable reliability based on conventional acceptance by national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing, face validity (it appears

to measure what it is supposed to measure). There is also an absence of evidence the measure is not valid.

Quality of Well-Being Outcome Measures

Well-being Outcome Measures are traditionally the most difficult to define and have required the greatest amount of innovation. In evaluating these well-being measures two major factors impacted the overall rating. First, only five of the 11 measures are based on existing measures used in some form within DCF. The seven additional measures are based on expert recommendations, implementations in other states, or implementation at the national level. The first new measure "Family Capacity to Provide for Childs Needs" will require an assessment of a family's capacity to provide for their child's need. The Family Functioning Assessment tool is a resource for this information. Behavioral Health of Children in Out-of-Home Care would require a behavioral health assessment upon initiation and termination of services. The gaps in the remaining new measures would require methodology reviews to determine identification of additional sources of educational, housing and employment data not currently stored in the FSFN database.

Although many of these outcome measures are new to DCF, they have acceptable reliability based on conventional acceptance of national and state experts in the field. The outcome measures have face validity (it appears to measure what it is supposed to measure). In researching these measures in literature, and with subject matter experts, nothing was found to indicate the measure is not valid.

3.1.9.6   STEPS AND PROCEDURES NECESSARY FOR COMPUTATION OF OUTCOME MEASURES

Methods and computation information are provided in section 3.1.9.3: Results-Oriented Accountability Measures.

3.1.9.7   PROPOSE OPTIONS FOR AGGREGATING THE AVAILABLE DATA

As described in **Exhibit 30: Aggregation Options**, no additional aggregation of data was defined, however additional stratification is required for the following measures:

OUTCOME MEASURE	AGGREGATION STRATIFICATION REQUIREMENTS	MITIGATION APPROACHES
Placement Setting	Placement Setting must be stratified by age (0-5 years, 6-12 years, 12 years and older).	Create data queries, views and reports with appropriate filters.
Permanency for Children in Out-of-Home Care	Stratified by age in months (0-12, 12-23, 24-59 and 60 months or more).	Create data queries, views and reports with appropriate filters.
Re-Entry into in Out-of-Home Care	Stratified by age in months (0-12, 12-23, 24-59 and 60 months or more).	Create data queries, views and reports with appropriate filters.

OUTCOME MEASURE	AGGREGATION STRATIFICATION REQUIREMENTS	MITIGATION APPROACHES
Transition to Independent Living/Adulthood – Housing	Stratified by youth who opt in to Extended Foster Care and by youth who age out of out-of home care.	Create data queries, views and reports with appropriate filters.

<p align="center">Exhibit 30: Aggregation Options</p>

3.1.9.8 IDENTIFY ESSENTIAL DATA

A data gap assessment was performed with the Performance Management Unit Office of Child Welfare to identify essential data sources. During these outcome measures meetings information on measurement calculation data was captured (Denominator, Numerator). This information was then used to identify essential data requirements. A majority of Safety and Permanency data are available through FSFN. Additional data will need to be pulled from the Department of Education (DOE) and the Department of Health (DOH). The well-being measures are more innovative and will require methodology reviews to determine sources and detailed formulas. Please see section 3.1.9.3: Results-Oriented Accountability Measures for additional information on essential data for measurement calculations (e.g., denominators and numerators).

3.1.9.9 ASSESS THE AVAILABILITY AND VALIDITY OF ESSENTIAL DATA

As mentioned above in section 3.1.9.8: Identify Essential Data, most of the essential data is currently available and in use within FSFN. **Exhibit 31: Data Gaps** describes any data gaps in the identified outcome measures and the proposed mitigation approaches. Most of these involve calculations which require education, employment and housing data which may be available from CBC, DOE and DOH systems. These changes will need to be funded and included in a FSFN enhancement plan.

OUTCOME MEASURE	DATA GAP	MITIGATION APPROACHES
Educational Stability	FSFN data not available to calculate educational stability.	FSFN System Enhancement. To add data feed from school district.*
Family Capacity to Provide for Child's Need	Data is available as part of Safety Methodology Implementation, but still in process of rolling out data conversion.	Continue Implementation of the Safety Methodology Conversion.
Behavioral Health of Children in Out-of-Home Care	Data is available as part of Safety Methodology Implementation, but still in process of rolling out data conversion. A methodology and data collection process needs to be defined for this measure.	Continue Implementation of the Safety Methodology Conversion.
School Attendance of Children in out-of-home Care	Number of school days attended not in FSFN.	FSFN System Enhancement (e.g., interface to the DOE to obtain Attendance data.*

OUTCOME MEASURE	DATA GAP	MITIGATION APPROACHES
School Performance of Children in Out-of Home Care	Data available in FSFN but methodology to calculate would need to be defined.	Work with standards team to define calculation standard.
School Involvement of Children in Out-of-Home Care	Extracurricular activity not being captured in FSFN.	FSFN System Enhancement (e.g., interface to the DOE to obtain Placement Change data).*
Transition to Independent Living/Adult-hood – Housing	Housing Information not captured in FSFN.	FSFN System Enhancement.* Modify NYTD Survey to capture this information.
Transition to Independent Living/Adult-hood – Employment	Required Employment data not captured adequately in FSFN.	FSFN System Enhancement.* Modify NYTD Survey to capture this information.

Exhibit 31: Data Gaps

*Details on including additional fields in FSFN will drive the following costs:

1. Business process and requirements will need to be defined.
2. Information Technology (IT) will need to make changes in FSFN to capture, store and report information.
3. People impact will drive changes to policy development, training, report development, caseworker time to collect and enter data, management support, monitoring, etc.
4. There will also be practice costs for implementation and maintenance.

3.1.9.10 DATA QUALITY ASSESSMENT AND CLEANSING

Initiative 5: Data System Updates for Initial Measurement Gaps will be used to address data gaps between the ROA measures and the existing FSFN system. As measures are implemented, detailed data quality assessments and cleaning will be performed to resolve issues (e.g. missing or invalid ROA data). These activities will be performed within Initiative 10: Child Welfare Community Data. It should be noted a data quality assessment is already underway in a parallel related Study (Child Welfare Data Analytics). This study is currently performing data quality analysis for FSFN and its related systems. This Data Analytics project is performing a detailed quality analysis and the results of this detailed analysis could be used as a starting point for the data quality activities required for Program implementation.

During the Program implementation, ongoing data quality monitoring will be used to assess areas such as: Validity, Accuracy, Timeliness, Availability, Completeness, Specifications, Uniqueness, Perception, Consistency and Synchronization. These monitoring activities will be performed as part of Initiative 15: Results-Oriented Accountability – FICW Support.

3.2 CHILD WELFARE OUTCOMES MONITORING – DATA COLLECTION AND REVIEW

This section describes the approach(es) used for monitoring the measures specified in section 3.1.9.3 of this Plan. Data Collection and Review is synonymous with the Outcomes Monitoring step of the Cycle of Accountability Model depicted at right.

Section 409.997(3)(b), F.S., requires regular and periodic monitoring activities to track the identified outcome measures on a statewide, regional and provider-specific basis. It also specifics monitoring reports identify trends and chart progress toward achievement of the goals specified. This section addresses these requirements from an operational perspective.

3.2.1 OUTCOMES MONITORING ACTIVITIES

This section describes the monitoring activities of the Program.

3.2.1.1 PROGRAM DATA COLLECTION AND REVIEW PROCESS (OUTCOMES MONITORING)

This section presents an overview of the processes required to collect data and review it prior to conducting deeper data analysis activities.

As shown in **Exhibit 32: Program Data Collection and Review Process,** this process begins with completion of the development of outcomes measures by Program Stakeholders. This process is described in section 3.1.9.3 above. The Data Collection and Review process ends with identification of performance data and results requiring a deeper assessment in the Data Analysis process.

Governance Committee

Institute for Child Welfare

This could feed predictive/ preventive analytics

2.4 Review Outcomes Data

3.0 Data Analysis

Department of Children and Families

Case Data in FSFN/ Quality Systems/ Other Systems

2.5 Conduct Assessment of Results

No – Engage in Deeper Data Analysis

From 1.0 Measures Defined

2.6 Measures Meeting Targets?

Community Based Care Lead Agency & Sheriffs

2.1 Provide Services

2.2 Collect Quantitative and Qualitative Data

2.3 Produce and Publish Weekly/ Monthly/Quarterly Reports

Yes - Continue

Community Service Providers

Exhibit 32: Program Data Collection and Review Process

Exhibit 33: Program Overview Process Narrative presents a narrative description of each process step depicted in the Data Collection and Review process map in **Exhibit 32: Program Data Collection and Review Process**.

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
2.1	Provide Services	In this step, the Department, CBCs, their subcontractors and Community Providers deliver services to meet identified needs for children and their families. This includes services from Hotline to system exit.	DCF, CBCs and Subcontractors, Sheriff's Office and Community Providers	▪ Validated Outcome Measures and Measure Drivers	▪ Performance Data
2.2	Collect Quantitative and Qualitative Data	Data generated during service delivery is captured in FSFN, CBC, Provider and other agency systems.	DCF, CBCs and Subcontractors, Sheriff's Office	▪ Delivered Services	▪ Documented Performance Data
2.3	Produce and Publish Weekly/ Monthly/ Quarterly Reports	Using specifications developed for the Results Oriented Accountability Program, The CBCs and DCF produce performance reports which provide a numeric and graphical view of system performance. This information is communicated to the Governance Committee and other stakeholders. Results are published to the DCF website on a quarterly basis in a searchable format allowing users to drill down to the Unit level within CBC Case Management organizations, and an equivalent level within DCF (investigations function, including Sheriff' Offices).	DCF, CBCs and Sheriff's Office	▪ Documented Performance Data	▪ Performance Reports
2.4	Review Outcomes Data	In parallel with DCF, FICW receives performance data on a regular basis for predictive and preventive analytics development purposes.	FICW	▪ Documented Performance Data	▪ Analysis Results

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
2.5	Conduct Assessment of Results	The DCF Child Welfare Program Quality and Performance Management Team reviews the performance reports/results and determines if there are measures which are not meeting performance targets. FICW may also provide input, based on review of outcomes data analyzed during the period.	DCF, with consultation from FICW	▪ Performance Reports	▪ Analysis Results
2.6	Measures Meeting Targets?	The DCF Program Quality and Performance Management Team determines if measures are within specified performance parameters. If No, the workflow continues to 3.0 "Data Analysis" to determine if the results represent statistically valid gaps, or if the results are spurious. If Yes, the workflow returns to 2.1 "Provide Services" and normal service provision and data collection activities continue until the next review cycle.	DCF Program Quality and Performance Management Team	▪ Analysis Results	▪ Measures Identified as Not Meeting Targets

Exhibit 33: Program Overview Process Narrative

3.2.1.2 ADDITIONAL DATA COLLECTION PROCESS CONSIDERATIONS

The process described above represents a macro-level view of the activities required to get data into the accountability system for analysis. The initial outcome measures are based on administrative data housed in systems used for case management and investigations; therefore the initial performance reports will not be based on case reviews. Going forward, the Program will undertake initiatives to assess current qualitative measures and potentially develop or modify qualitative measures to extend the view of performance to the next level. These initiatives include:

- **Qualitative Measure Assessment** – Assess current "QA standards for CPI and QA Standards for Case Management" tool and methodology to identify correlation between the specified outcomes and the measures in the tool. While it is understood the structure of this methodology supports the federal CFSR, opportunities to leverage the

tool and associated data collection methods (e.g., the Department's web-based data collection tool) will be considered.

- **QA Capacity Study** – Complete a study of the capacity of current QA resources to collect additional qualitative data based on the assessment of current qualitative approaches/measures.

3.2.1.3 DATA COLLECTION AND REVIEW TECHNOLOGY CONSIDERATIONS

There are a number of technology and related activities and initiatives which will be required to implement data collection required for the Program:

- **Outcome Measures Validation** – FICW will be engaged to conduct a study to validate the recommended outcome measures. In some cases this will be accomplished through retrospective reviews of existing data, in other cases this will require longer-term longitudinal studies (e.g., new measures for which neither data nor evidence-supported research exists).

- **Algorithm Validation** – This effort includes activities to evaluate proposed algorithms to finalize measure numerators and denominators.

- **New Fields in Systems** – This includes additional fields in FSFN and DCF's web-based tool for collection of case review qualitative data, based on the assessment described above.

- **Analysis of CBC and Provider Systems** – An initiative will be undertaken to determine if additional performance data is available from CBCs and Provider systems. This effort should support and integrate with the FSFN System Adoption initiative.

- **Analysis of Other Stakeholder Agency Systems** – Because other agencies (Department of Education, Juvenile Justice, Court System, etc.) are involved in achieving macro-level outcomes, it is important data from these entities is considered in assessing outcomes for children. An initiative will be required to engage these partner agencies to identify data which can be utilized, develop agreements for data sharing and strengthen partnerships to support a macro-level view of child safety, well-being and permanency.

- **Data Transfer Procedures/Standards** – Upon reaching agreement data from other agencies support the assessment of Child Welfare outcomes, the Department will initiate a project to develop procedures for gathering/utilizing this data.

- **Data Governance** – In order to ensure the integrity of Program data, a Data Governance initiative is required. Data governance is concerned with management of data assets throughout the Program to ensure the data is of high quality and can be trusted. It also includes processes for transferring, storage and security of data.

- **Management Report Development** - Additional management reports will be required to provide Program leadership and Quality Improvement staff with Program performance results.

- **Website Reporting Mechanism Development** – Performance results will be reported via the DCF website via a searchable tool, per statutory requirements (see section

3.2.2). This will require an initiative to finalize requirements, develop, test and deploy the resulting web application.

- **Web tool for Qualitative Data Collection** – As qualitative case reviews are added to the protocol, the web tools current used for data collection will require modification to capture the additional or modified assessment items.

3.2.1.4 *DATA COLLECTION AND REVIEW PEOPLE CONSIDERATIONS*

There are several people-related considerations which must be addressed for implementation of the Program. These activities center on increasing the capacity of DCF to conduct analysis of Program outputs, training staff on related procedures and tools and conducting an analysis to determine if resources should be re-deployed to conduct case reviews resulting from additional qualitative activities. The scope of this plan does not include a detailed staffing analysis, and it is likely the current staffing model for existing Quality Improvement functions cannot adequately support the Program.

People-related considerations include:

- **Staffing for Initial Report Analysis and Action** – Present capacity within DCF must be enhanced to provide resources dedicated to Quality Improvement and associated analytical activities.

- **Training on Data Entry Requirements, Use of Reports, Procedures and Tools** – A part of data governance is to ensure system data can be trusted. Routine training of the workforce is required to teach data entry processes, definitions and data relationships to ensure data integrity.

- **Analyze Deployment of Current QA/Compliance Resources** – As case reviews requirements are potentially modified in the future, it will be beneficial to understand the deployment of current QA staff and their capacity to implement qualitative reviews beyond the case reviews required for federal compliance. In addition, deployment and utilization of Contract Monitoring staff should be included, with an assessment of the benefits of re-purposing these resources to outcomes-focused reviews, with pure contract compliance activities which do not require Child Welfare expertise (financial, timeliness, units of service, etc.) potentially conducted by third parties.

3.2.2 CHILD WELFARE OUTCOMES PRESENTATION AND COMMUNICATION

A critical component of the Results-Oriented Accountability Program is the open and transparent communication of performance results to interested stakeholders and decision-makers. Building transparency into all aspects of the Program is essential for establishing the credibility of its outputs. This means all interested stakeholders must have access to the information resulting from the Program in a form and schedule allowing them to drive and respond to outcomes.

As illustrated in process step 2.3, within **Exhibit 32: Program Data Collection and Review Process**, communication of performance data is an expected and regular Program activity. A

fundamental tool for the dissemination of the quarterly performance results is an interactive reporting site available via the DCF public website. While final requirements for this site must be developed as an implementation initiative, it is clear a number of stakeholders must be served via this mechanism.

This section describes the stakeholder needs for information and recommended designs for information dissemination. **Exhibit 34: Stakeholder Dissemination Strategy Summary** lists key stakeholders and the information required by them in relation to the Program. This table also specifies the frequency and format of communicating the information to the various stakeholder groups.

STAKEHOLDER	INFORMATION NEED	FREQUENCY/DUE DATE	FORMAT
Governor, President of the Senate, Speaker of the House, Dependency Judges	Performance Report	Annual/Oct. 1	Word performance report format with charts and narrative.
General Public	Detailed Results by Provider	On-Demand, Quarterly Updates	Accountability website, searchable database, online charts, custom filtering.
Community Alliances – Specialized Areas of Interest	Outcome-Level Performance Data	Quarterly	Accountability website, searchable database, online charts, custom filtering.
Program Governance Team	Multi-Level Performance Data	Monthly	Internal DCF and CBC management view of Program results data, with drill-down capability. Alerts for new data availability, alerts for measures falling below performance targets.
Child Welfare System Stakeholders	Detailed Results by Child Welfare Stakeholder	On-Demand, Quarterly Updates	Accountability website, searchable database, online charts, custom filtering.

Exhibit 34: Stakeholder Dissemination Strategy Summary

This work stream component will provide high-level descriptions of proposed reporting strategy for Results-Oriented Accountability. It should be noted DCF has existing performance related data, screens and reports which will be leveraged in the transition to Results-Oriented Accountability.

Section 409.997(2)(f), F.S., requires the Plan to propose formats, presentations and other methods of disseminating the accountability information. Further, section 409.997(3)(f), F.S.,

requires the plan provide procedures for making the results of the accountability program transparent for all parties involved in the Child Welfare system as well as policymakers and the public. This information must be updated at least quarterly and published on the department's website in a manner which allows custom searches of the performance data. The presentation of the data provides a comprehensible, visual report card for the state and each community-based care region, indicating the current status of the outcomes relative to each goal and trends in status over time. The presentation will identify and report outcome measures which assess the performance of the department, the community-based care lead agencies, and their subcontractors working together to provide an integrated system of care. **Exhibit 35: Existing Measures Screen**[32] shows the existing Planning & Performance Measures general information screen within the DCF website. Communication of performance data is an expected and regular part of the Program, and a fundamental tool for the dissemination of the quarterly performance results will be an interactive reporting site which is available via the DCF public website. Final requirements for this site must be developed in Program implementation.

Exhibit 35: Existing Measures Screen

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[32] Based on the DCF Planning & Performance scorecards. Retrieved from, http://www.myflfamilies.com/general-information/planning-performance-measures1/23/2015.

### 3.2.2.1 RESULTS-ORIENTED ACCOUNTABILITY REPORTING SYSTEM

There will be three basic levels of reporting within the ROA Reporting System (outcomes, outcome measures and driver measures). DCF has already done considerable work around the top two levels (i.e. outcomes and outcome measures). This will enable the ROA Reporting System to reuse much of the existing FSFN data, measurement calculations, screens and reports. Any gaps between the existing outcomes and outcome measures and ROA outcome measures is addressed by Initiative 5: Data System Updates for Initial Measurement Gaps.

The Results-Oriented Accountability Reporting System will require a more significant set of extensions to support the third level of information about intervention services and procedures (measure drivers). This additional level data and reporting is required to trace the effectiveness of interventions to their associated outcomes. The changes required to support this third level are included as part of Initiative 2: Measure Development and Validation (to define measure drivers), Initiative 9: Results-Oriented Accountability Reporting System (to define screens) and Initiative 10: Child Welfare Community Data (to develop interfaces).

A majority of the effort required for establishing ROA reporting involves the incorporation of approximately 20 Child Welfare Community stakeholder groups (e.g. Children's Legal Services (CLS), Community-Based Care Lead Agencies, Community Representatives, Court and Legal Community, etc.). Each of these communities will be implemented as an iteration (i.e., a sub-project) and will require the following activities: Initiative 2: Measure Development and Validation, Initiative 9: Results-Oriented Accountability Reporting System, and Initiative 10: Child Welfare Community Data.

As mentioned above, DCF has an existing set of performance measures and dashboards. The ROA reporting framework should leverage these existing dashboards where possible and extend them to include the drill down capabilities required to track the major components of the ROA implementation (as shown in **Exhibit 28: ROA Logic Model** in section 3.1.9.4). Another aspect of this presentation framework should support the analysis of the measurement traceability described in section 3.1.9.4. Finally, stakeholders within the Child Welfare Community should also be able to drill down through the outcome measures to their associated measure drivers so they can explore progress and issues across the community.

Exhibit 36: Example of Existing DCF Dashboard[33], depicts the existing Child Fatality Dashboard which provides an example of reporting capabilities already available within DCF.
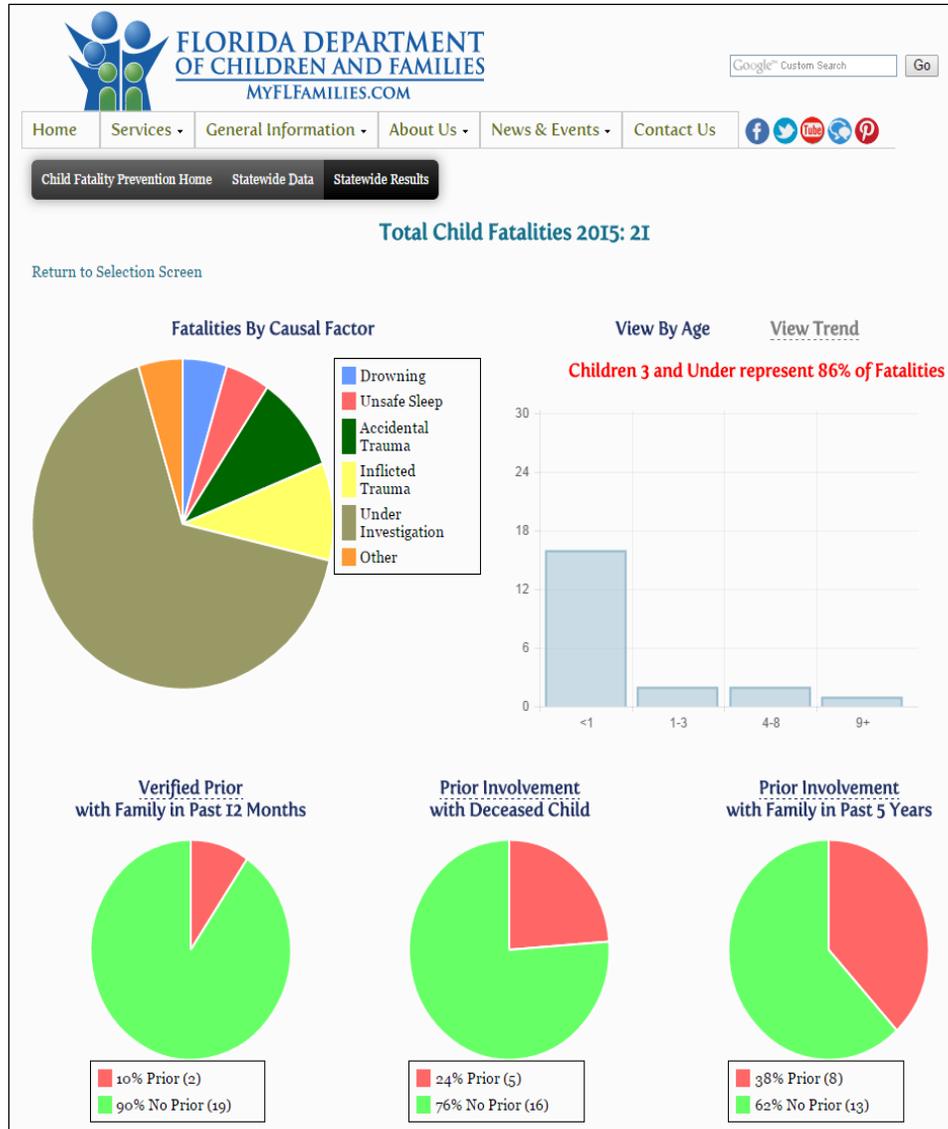
Exhibit 36: Example of Existing DCF Dashboard

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[33] Based on the DCF Planning & Performance scorecards. Retrieved from, http://www.dcf.state.fl.us/childfatality/state.shtml1/23/2015.

3.2.2.2 CONNECTING OUTCOMES TO EVIDENCE BASED INTERVENTIONS (EBI)

As Dr. Mark Testa, emphasized, "Too often, interventions in Child Welfare are piloted with limited evaluation, and untested interventions are hastily adopted and spread in response to politics, poor agency performance, or public pressure." [34] He goes on to say "the absence of a systematic and deliberate approach to building, sharing, and using knowledge, those responsible for making decisions and for performing evaluations can be left without answers."[34] As shown in the ROA Logic model, interventions are a starting point for a ROA solution. Evidence-informed intervention tools can be used to provide valuable information on the interventions available, quality of research and implementation guidance.

There are several examples of how case workers can find interventions having demonstrated efficacy and effectiveness for individual intervention outcomes for children. Another example of tying outcomes to interventions can be found in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. The following screen shots show sample screens from the SAMHSA system. A more detailed example can be found as an attachment at the end of this document or on the SAMHSA website (http://nrepp.samhsa.gov/AdvancedSearch.aspx). In summary, interventions are a key component of Results-Oriented Accountability, and an evidence-based approach to interventions should be integrated into the overall Results-Oriented Accountability measurement and presentation structure.

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[34] Testa, Mark F.; Poertner, John (2010-01-08). Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy (Page 196). Oxford University Press.

Exhibit 37: Sample Search Screen for Evidence-Based Interventions[35] shows an example of criterial used to search for interventions. Searches can be filtered by criteria including: Ages, Outcomes, Race or Ethnicity, Gender, Geography and Clinical Settings.

Exhibit 37: Sample Search Screen for Evidence-Based Interventions

Exhibit 38: Sample Screen from Evidence Based Intervention[36] shows the evidence which would typically be presented as a search result in the NREPP database. When searching by Race/Ethnicity, the search results may be selectively limited to interventions evaluated in studies with higher percentages (50% or more) of the selected groups.

[35] Based on the in SAMHSA's National Registry of Evidence-based Programs and Practices, Find an Intervention - Advanced Search screen. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx, 1/16/2015.
[36] Based on the in SAMHSA's National Registry of Evidence-based Programs and Practices, Find an Intervention - Advanced Search screen. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx, 1/16/2015.

Areas of Interest	Mental health treatment
Outcomes	**Review Date: September 2013** 1: Generalized anxiety disorder diagnosis and severity 2: Worry and stress symptoms 3: Depression symptoms
Outcome Categories	Mental health
Ages	18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino White
Settings	Outpatient
Geographic Locations	Urban Suburban
Implementation History	ABBT for GAD was developed in 2002, and since then, the intervention has been implemented with approximately 5,000 clients in 30 States and territories, as well as internationally in Australia, Brazil, Canada, Denmark, Iran, Israel, New Zealand, Singapore, Spain, Sweden, Switzerland, and the United Kingdom.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: No
Adaptations	ABBT for GAD has been adapted for delivery in a group format in an outpatient setting. The treatment manual has been translated into Spanish, and the program has been culturally adapted for use in Puerto Rico. Two program books have been translated into other languages: Mindfulness and Acceptance-Based Behavioral Therapies in Practice has been translated into Portuguese, and The Mindful Way Through Anxiety: Break Free From Chronic Worry and Reclaim Your Life has been translated into Finnish and German.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	IOM prevention categories are not applicable.

Exhibit 38: Sample Screen from Evidence Based Intervention

EBI from other organizations should be evaluated (e.g. for appropriateness for targeted population demographics) before implementation in a new community. The Children's Bureau recently released a series of videos which provide an excellent description of the EBI evaluation and implementation process. These videos can be found at: http://www.acf.hhs.gov/programs/cb/assistance/program-evaluation/virtual-summit/framework.

3.2.2.3   TECHNOLOGY CONSIDERATIONS

DCF is already presenting performance-related information, and the technology needed to implement Results-Oriented Accountability already exists within DCF to a large extent. While the presentation technology may not change considerably, the types and number of end users will increase dramatically. ROA data needs to be embedded within DCF and extended to the entire Child Welfare Community. This will drive additional software license counts and increased hardware and network consumption.

While advanced analytical tools are currently available within DCF, the data analysis tools made available to the Child Welfare Community to help them analyze and evaluate performance data in their respective areas should be intuitive and user friendly.

3.2.2.4 PEOPLE CONSIDERATIONS

It is critical a "results-oriented" (vs. "blame-oriented") approach be taken when building the Program. The Child Welfare system is complex and requires careful collaboration across many different individuals and organizations. Every person who plays a role in a child's welfare (including the children themselves) should understand what their responsibilities are and how well they are achieving them. As each Child Welfare Community stakeholder group is incorporated into the Program, they will actively participate in a series of workshops to guide the creation of outcomes and measures for their area, as well as the areas with which they collaborate.

The ROA Reporting System needs to support a role-based perspective of the Child Welfare Community so participants can understand and track their responsibilities. For example, if children and families are to play an active role in defining personal outcomes and responsibilities, then the ROA Reporting System should provide children and families with visibility into their specific intervention options, responsibilities, and progress.

The community participants should also be able to use the ROA Reporting System to evaluate the effectiveness of actions which participants are accountable for. The reporting system should allow participants to trace their services and procedures up to the associated measure drivers and outcome measures and they should also be able to compare these results with the performance of similar groups.

3.3 DATA ANALYSIS

This section describes the data analysis process as part of the overall ROA framework.

Section 409.997(3)(c), F.S., requires an analytical framework which builds on the results of the outcomes-monitoring procedures and assesses the statistical validity of observed associations between Child Welfare interventions and the measured outcomes. The analysis must use quantitative methods to adjust for variations in demographic or other conditions. The analysis must include longitudinal studies to evaluate longer term outcomes, such as continued safety, family permanence and transition to self-sufficiency. The analysis may also include qualitative research methods to provide insight into statistical patterns.
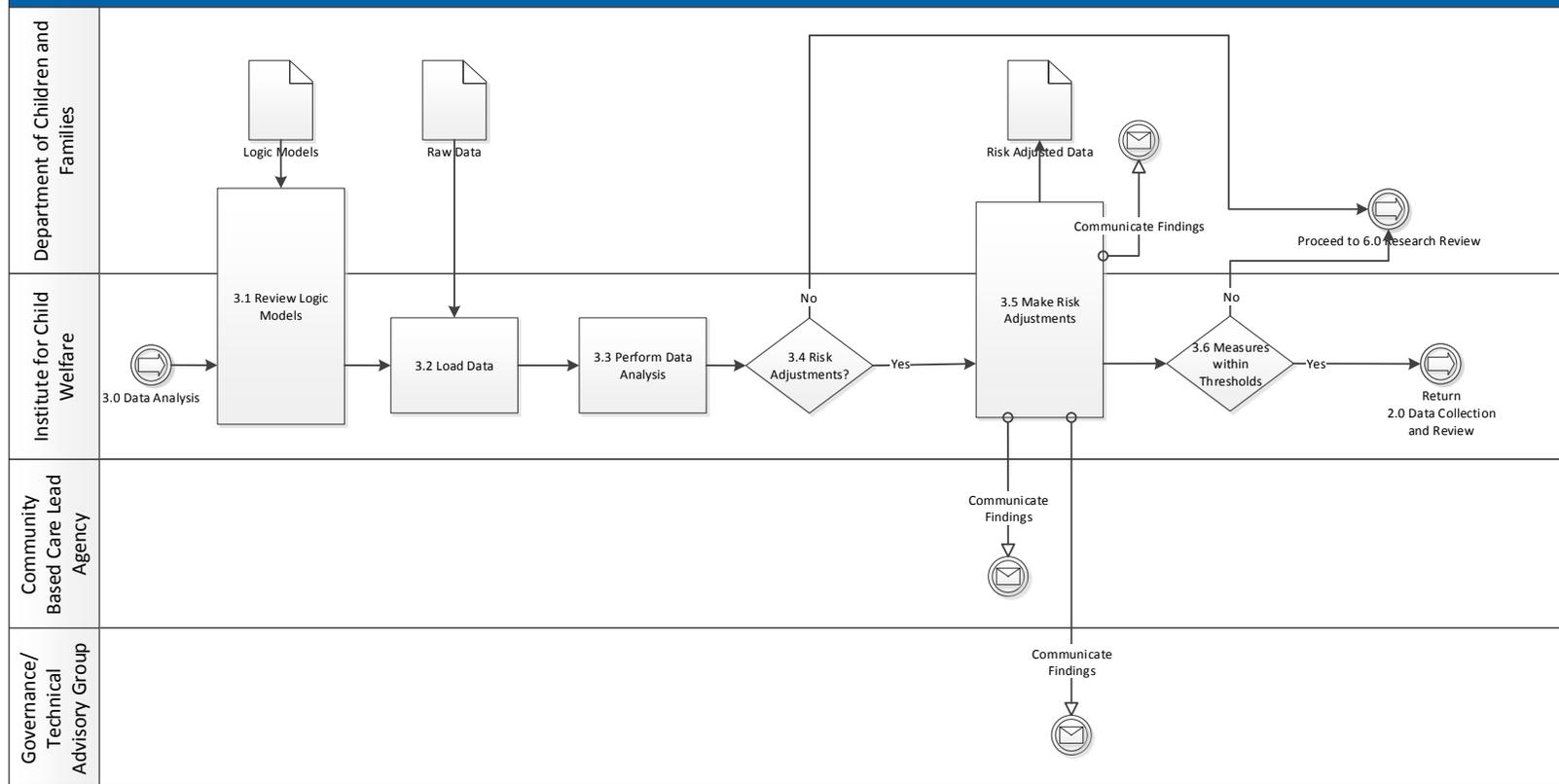
3.3.1 DATA ANALYSIS PROCESS

As shown in **Exhibit 39: Data Analysis Process** and described in **Exhibit 40: Data Analysis Process Narrative,** Data Analysis is the second stage of Results Oriented Accountability. Data Analysis is performed after pre-defined performance thresholds have been exceeded during Outcomes Monitoring. Data Analysis is used to distinguish the need for genuine system improvement from unrelated factors skewing results. If Data Analysis determines the results to be valid and significant, then we proceed to the Research Review to determine appropriate actions to take, based on research review of the external validity of current and past studies of promising interventions.

Title: 3.0 Results Oriented Accountability – Data Analysis Process

Exhibit 39: Data Analysis Process

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
3.1	Review Logic Information	Review ROA and Measures Logic Models and Issue Description.	FICW/DCF	• ROA Logic Models • Measures Logic Models and Issue Description	• Updated ROA Logic Models and Issue Description
3.2	Load Data	Load raw data into analytics tools in FICW.	FICW/DCF	• Raw data pertaining to issue	• Data loaded into analytics tools
3.3	Perform Data Analysis	Identify statistical associations with population conditions and other risk factors (conditional associational analysis). a. extent to which the planned results are amenable to system improvement b. influence of external (exogenous) changes exaggerating or masking the need for corrective action	FICW	• Data in analytics tools	• Risk adjustments and exogenous impacts identified
3.4	If Risk-Adjustments Required	If Yes, data analysis identifies significant confounding effects, go to step 5 (adjustments) If No, then data variance should be escalated to research for further analysis.	FICW	• Adjustment requirements	• Adjustment decision
3.5	Make Risk Adjustments	Adjust measures to reflect risk factors and exogenous impacts	FICW	• Raw data	• Adjusted data
3.6	If Measures Are Within Thresholds	If adjustments bring measures back to acceptable levels, document adjustments and return to data capture and review, otherwise data variance should be escalated to research for further analysis.	FICW	• Raw Evaluation Data, ROA and PICO Logic Models	• Data Analysis results

Exhibit 40: Data Analysis Process Narrative

3.3.1.1 ASSESSES STATISTICAL VALIDITY

Not all data can be taken at face value. There are many different reasons why measurements may change, and not all of these changes are a result of internal factors. While comparative assessments against past performance, or peer groups, may indicate a possible issue, data analysis should be used to analyze the underlying data. This data analysis is required to distinguish between the need for genuine system changes and situations where external factors (e.g., population changes) may be skewing results.

Using Quantitative Methods to Adjust for Variations in Demographic or Other Conditions

One of the first steps in determining statistical validity involves removing confounding non-programmatic influences from the group. Confounding influences exist when there is a statistical relationship, or correlation, between two variables, and there is a third, confounding, variable which influences the other two variables. The statistical methods by which confounding variables are removed can be grouped under the heading of risk adjustment analysis. These data risk factors may be caused by uneven distribution of data across the population (age distribution), or may be caused by external factors (increase in employment) which need to be assessed. Risk-adjustment analysis adjusts comparison groups for differences in demographic characteristics, special needs and other preexisting conditions of the population affecting the outcome. This adjustment must be used before judging the importance and statistical significance of a cohort effect or policy change.

An example of a confounding variable is the commonly used example of the relationship between the number of ice cream cones sold and the number of people who drown each month. Just because there is a relationship (strong correlation) does not mean one caused the other. In the example, drowning and ice cream sales show a positive correlation with each other. One might infer that a causal relationship between the two variables exists: either ice-cream causes drowning, or the drowning causes ice-cream consumption. The most likely explanation is the relationship between ice-cream consumption is caused by warm weather – the confounding variable. Warmer temperatures lead to increased ice-cream consumption as well as more people swimming and thus more drowning deaths.[37]

Risk analysis should begin by analyzing the four primary components of the ROA Logic Model which are grouped together under the acronym of PICO (Population, Intervention, Course of Action and Outcome):

  P—-The target population about which you wish to draw inferences;

  I—-The intervention, whose efficacy and effectiveness you are interested in evaluating;

  C—-The alternative course of action with which you want to draw a comparison;

  O—-The intended outcome you want to see achieved.

The amount of gross change directly attributed to the net effects of program or policy changes must be separated from the amount of change due to all other population and other systematic influence.

When outcomes monitoring is done naively (without subjecting the comparison to risk adjustment analysis), the failure to take population and other influences into account can

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[37] Del Siegle, Ph.D. Neag School of Education - University of Connecticut
http://www.gifted.uconn.edu/siegle/research/correlation/correlation%20notes.htm

provide results which are mistaken for a genuine effect. A common method for performing this adjustment is referred to as "direct standardization." This involves applying the equivalent set of compositional weights for each group. For example, the average age of children entering foster care can potentially confound (skew) results. Age standardization applies the same hypothetical age distribution to each group being compared so no one group has disproportionately more infants or adolescents than the other group.

Linear regression analysis, the most popular risk-adjustment method for disentangling confounded effects from observational data, can also be applied. The advantages of linear and other regression methods over simpler rate standardization methods is it allows for multiple potential confounders, such as geographic residence, ethnicity, gender, and age, to be "adjusted out" of the comparison.

Including Longitudinal Studies to Evaluate Longer Term Outcomes

Longitudinal studies collect and analyze data over a period of time to identify and distinguish long-term trends versus short-term phenomena. In chapter 5 of *Fostering Accountability, Data for Policy Planning and Analysis*, Mark F. Testa discusses the limitations of exit cohort samples and the importance of longitudinal data analysis to model longitudinal outcomes. The Chapin Hall Center for Children has also advocated for use of entry cohorts as a means of tracking system change over time. The preferred solution is to collect data on Child Welfare cases by tracking children prospectively from their date of entry into foster care to their date of exit, and for a long enough period afterward so longer-term outcomes can be observed, such as transition to self-sufficient adulthood. This is needed to provide sufficient longitudinal information for calculating prospective measures, such as the odds of reunification within a year, median lengths of stay in foster care, rates of placement disruption and relative risks of reentry into foster care. [38]

Including Qualitative Research Methods to Provide Insight into Statistical Patterns

Longitudinal data, risk adjustment, and attention to practical and statistical significance bring greater transparency to the "whys" behind important variations in agency performance. Actual progress may however, still be impacted by unmeasured and unobserved influences which could affect outcome measures. In addition to quantitative methods to analyze the data, qualitative methods involving interviews and focus groups can help provide additional insights into statistical patterns.

Social workers make judgments every day based on their qualitative interpretations of client intention and meaning. Performance management also depends on qualitative information. But, full implementation of ROA requires information be based on objectively verifiable, quantitative data; otherwise it is vulnerable to distortion through "gaming". In his book *Fostering Accountability, Using Evidence to Guide and Improve Child Welfare Policy*, Dr. Testa

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[38] Testa, Mark F.; Poertner, John (2010-01-08). Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy (Page 196). Oxford University Press.

emphasized the need for a double loop to strengthen the construct validity of the theory of action. He said this is a "process that moves from hypothesis-generating qualitative evidence to more rigorous quantitative and experimental evidence and then loops back again to fine-tune performance. In this way, Results-Oriented Accountability is both practice informed and evidence-supported in its efforts to improve the quality and validity of services to families and children." [37]

No single measurement tool addresses all evaluation needs. As valuable as longitudinal analysis is, it doesn't adequately answer the question of why performance is poor, for example. To better understand evaluation findings, qualitative tools can explain the likely reasons for both good and poor results and should be a part of any evaluation regimen.

Using Logic Models to Drive Data Analysis

Logic models should be used to extend data analysis. In his book, Dr. Testa uses two types of logic models (ROA and PICO). These models are used to document key aspects of Results Oriented Accountability whenever an Outcome is created or modified. Logic models also provide a context for data analysis when unexpected measurements are being seen.

There are limits to the ability of data analysis to prove the validity and reliability of our measures (not all correlations make valid measures). When something unexpected in the measurements, logic models provide context for investigating areas for possible recalibration, or correction. The ROA logic model is used to capture the cause and effect relationships linking populations and interventions to the services, procedures and outputs impacting the outcomes. They are also used to represent key historical and external conditions defining the state of the service system prior to intervention and identify the major theoretical assumptions expected to generate the desired change. The results are described in terms of intended (outcomes) and unintended (side-effects) results. At the bottom of the ROA Logic model are the five stages of the Fostering Accountability Framework (monitoring, data analysis, research, evaluation, quality improvement) as they relate to each component of the logic model. The linkage of components to the different stages shows how a logic model can help tie together the cycle of results-oriented accountability in Child Welfare practice and policy.

The PICO model described earlier can be thought of as a subset of the overall ROA model. It is used to focus on exploring causal actions linking Population, Intervention, Course of Action and Outcome.

Measurement traceability models clarify the relationship of outcomes, measures and activities. These models are used to answer the following types of questions: are the right outcomes and measures being used; are there any conflicts which may lead to gaming or prevent the successful implementation; will the interventions resolve all issues without introducing new issues; are there any prerequisites currently preventing the implementation of the intervention(s) and finally, can a plan be created to implement the required changes.

3.3.2 CREATING THE FLORIDA INSTITUTE OF CHILD WELFARE LAB

Implementing ROA is not simple. It requires a basic shift in the way data is used to drive results. While outcomes and measures are nothing really new, in ROA they become much more significant. FICW will play a key role in making sure the right actions are being taken to drive the best measures for achieving our desired outcomes. They will also help track data and process quality to help clarify the results. Some of this will be performed using advance analytics to provide insights into issues such as confounding variables, or exogenous impacts. FICW is about more than just data, it is about how the data is being used to accelerate and improve the outcomes for our children. As such, FICW will play a leadership role in making sure the interventions are evidence-informed and adhere to ROA principles. FICW will provide leadership in the following areas:

- Acts act as a center of learning, where short term residencies are offered to members of academia and shining stars from the entire set of Child Welfare Community stakeholder groups. They not only perform research activities, they also act as mentors to other participants in areas such as research, publication, and ROA implementation.

- Monitors Outcome Measures, Secondary Outcome Measures, and Measure Drivers to identify issues and opportunities for improvement.

- Works with the Child Welfare Community stakeholders to define ROA standards (e.g., evidence rating, research standards, etc.). Also monitor and enforce those ROA implementation standards.

- Analyzes high impact intractable problems, including: defining why the system is sick; identifying conflicts leading to gaming or prevent successful implementations; identifying intervention(s) resolving issues without introducing new issues; identifying prerequisites currently preventing the implementation of the intervention(s); creating plans to implement and track interventions.

- Performs or directs research needed to support ROA.

- Implementation of ROA related training across Child Welfare Community.

3.3.2.1 *TECHNICAL CONSIDERATIONS FOR DATA ANALYSIS AND RESEARCH*

There are a wide variety of analysis tools and technologies which can be used to extract insights from the data. Many of these are already being used by DCF. Initiative 15: Results-Oriented Accountability Research contains cost estimates for analysis research efforts and the hardware and software needed to support them.

While most analysis is currently being performed on traditional databases, there is a great deal of Child Welfare information stored in other formats. For example, case files, hotline audio recordings, etc., have a great deal of unstructured data which would also be useful for analyzing outcomes. The addition of cognitive and unstructured analysis tools would facilitate greater access to this unstructured information.

ROA will incorporate information from many different organizations. Data sharing agreements will need to be signed and interfaces created. From a technical infrastructure standpoint, many government organizations are turning to secure cloud based solutions to support analytics projects like this. Cloud based solutions can provide the agility and dynamic scalability required for ROA implementations.

3.3.2.2 *PEOPLE CONSIDERATIONS FOR DATA ANALYSIS*

From a staffing perspective resources will be shared between Data Analysis and FICW:

- **Database Administrator** – Coordinates required database and interface changes.
- **IT Specialist** – Coordinates ROA Reporting System implementation and maintenance with FSFN IT staff.
- **Data Scientist** – Senior level role responsible for development of analytical models, planning, deeper analytical tasks, etc.
- **Data Analyst** – Perform basic data extracts, loads and transformations.
- **Researcher** – Perform reviews of scientific literature, retrieve articles of interest, performs systematic analysis of studies (meta-analysis) and summarizes relevant information as directed by Research Leader or Research Analyst.
- **Policy Subject Matter Expert (SME)** – A senior-level role focused on policy development, strategy design/development, thought leadership.
- **Senior Management (Director, etc.)** – Interfaces with DCF, helps craft/develop strategy for the Results Program, involved in several aspects of implementation as expert SME on policy, procedures, budget, etc.
- **ROA Training and Implementation** – Provide ROA training and act as ROA advisors during implementation of ROA.

Data analysis will extend past the resources who may reside in FICW. To be effective the ROA data analysis will also need to consider the following people requirements:

- Reduce time between insight and action.
- Empower people at every level to act with confidence.
- Enable decision makers to find their own actions.
- Reveal answers to questions no one knew to ask.

3.4 RESEARCH REVIEW

This section describes the recommended process and considerations for conducting research to address identified system issues.

Section 409.997(3), F.S., specifies the Results-Oriented Accountability Program will include a program of research review to identify interventions supported by research and evidence as causally linked to improved outcomes.

As indicated in Section 3, Program Design, the Florida Child Welfare Institute is an integral part of the Results-Oriented Accountability Program. Because of the expertise and focus of FICW, the Department will rely upon FICW for formal research review initiatives. This allows the Department to focus on oversight of the program, and on the actual work of Child Welfare while FICW utilizes its statewide and national resource base to conduct rigorous research reviews on issues identified through monitoring of outcomes and subsequent data analysis.

Prior to exploring the workflow related to Research Review, it is important to set a context for this set of activities from a Child Welfare perspective.

3.4.1 LEVELS OF EVIDENCE AND BEST AVAILABLE EVIDENCE

A difficulty in selecting promising interventions to meet identified performance gaps is the lack of experiments or trials which have been replicated and studied in a number of different settings. Given the lack of empirical studies around Child Welfare, policy decisions are often made based on "best available evidence."[39] In order to make decisions about the best interventions to implement based on research evidence, a method of evaluating and categorizing research is required. As an example, Thomlison[40], suggests the following framework described in **Exhibit 41: Child Welfare Levels of Evidence Framework Example**.

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[39] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.
[40] Thomlison, Barbara. "Characteristics of Evidence-Based Child Maltreatment Interventions." Child Welfare 82.5 (2003): 541-569. MasterFILE Elite. Web. 12 Jan. 2015

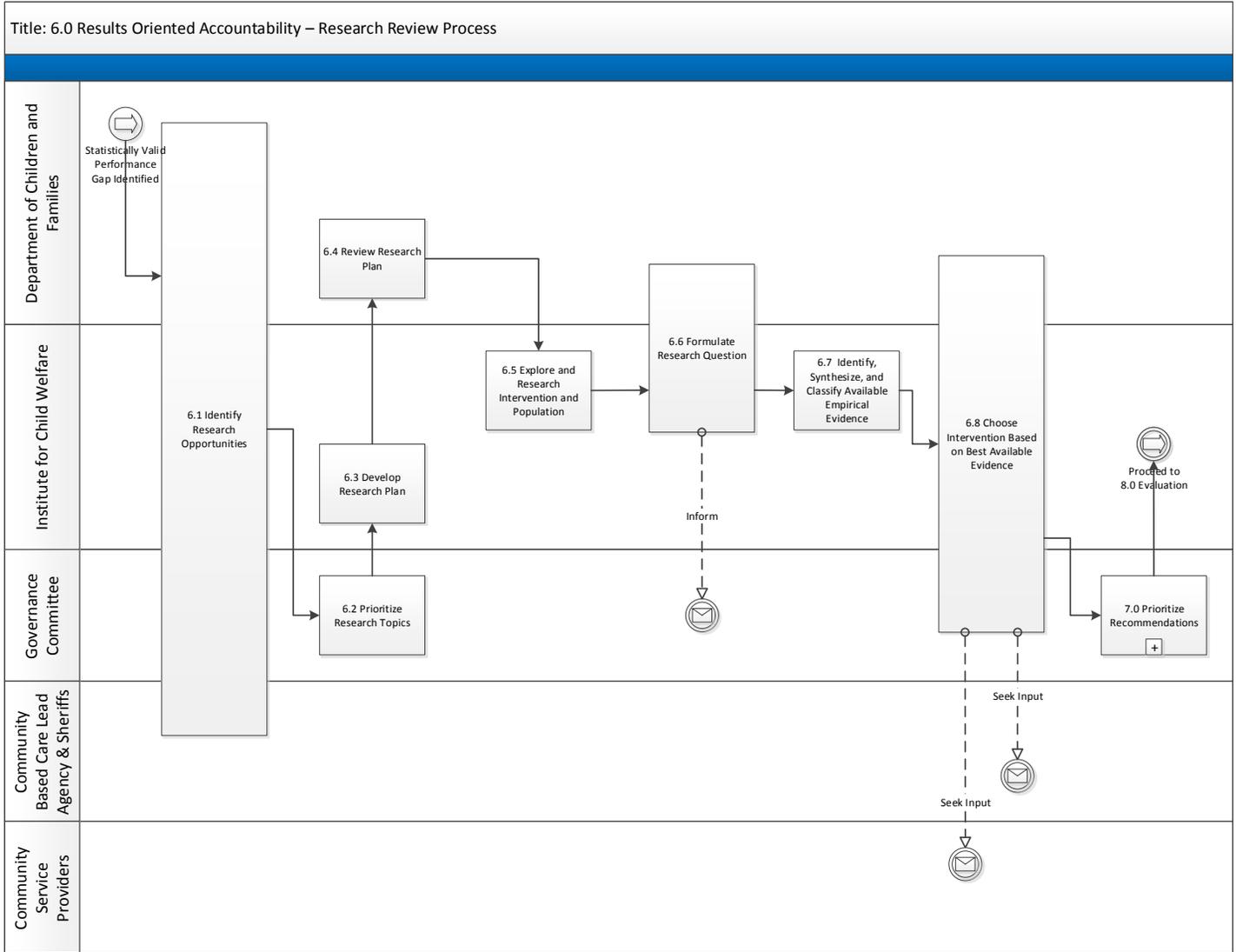| LEVEL	DESCRIPTION
1	Well-supported, efficacious treatment with positive evidence from more than two randomized clinical trials.
2	Supported and probably efficacious treatment with positive evidence from two or more quasi-experimental studies, or where researchers found positive evidence from only one clinical trial.
3	Supported and acceptable treatment with positive evidence from comparative studies, correlation studies and case control studies; one non-randomized study; or any type of quasi-experimental study.
4	Promising an acceptable treatment with evidence from experts or clinical experience of respected authority or both. (Thomlison, 2003)

Exhibit 41: Child Welfare Levels of Evidence Framework Example

An initial task of the Program will be to engage FICW to develop an agreed-upon framework for evaluating and categorizing research related to the Child Welfare system in a manner allowing for consistent and systematic classification of research-evidence.

3.4.2 RESEARCH REVIEW PROCESS

The Research Review process begins when a statistically valid performance gap is identified in the Data Analysis process. Research Review ends when priorities are set for further review and evaluation of promising interventions identified during research review activities.

Exhibit 42: Research Review Process presents a graphical overview of the Research process, based on the considerations discussed above. A narrative description of each process step or task follows in **Exhibit 43: Research Process Narrative.**

Exhibit 42: Research Review Process

Exhibit 43: Research Process Narrative presents a narrative description of each process step depicted in the Research Review process map provided in Exhibit 42: Research Review Process.

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
6.1	Identify Research Opportunities	Upon identifying statistically valid performance gaps, the Department, FICW and the CBCs will work together to identify research opportunities leading to research and evidence-supported interventions to address the performance gaps.	Department, FICW, CBCs & Sheriff' Offices	▪ Statistically Valid Performance Gaps	▪ Identified Research Opportunities
6.2	Prioritize Research Topics	After developing a list of research opportunities with FICW, the DCF Director of Program Quality and Performance Management will present the list to the Governance Committee for prioritization.	Governance Committee	▪ Identified Research Opportunities	▪ Research Priorities
6.3	Develop Research Plan	For each prioritized research topic, FICW will develop a plan for conducting the research review, including a description of the outcome being addresses, the types of studies to be reviewed, the timeline for the study, and the format of the final report.	FICW - Researcher	▪ Research Priorities	▪ Draft Research Plan
6.4	Review Research Plan	The Department will review and provide feedback on the Research Plan.	Department	▪ Draft Research Plan	▪ Final Research Plan
6.5	Explore and Research Intervention and Population	The Researcher will identify the desired outcome for the target population, identify the population of children most at risk for not achieving the desired outcome; research DCF policy related to the problem.	FICW - Researcher	▪ Research Plan	▪ Outcome Description ▪ Target Population Description ▪ DCF Policies Related to Problem
6.6	Formulate Research Question	Based on preliminary research, the FICW Researcher will develop Research question using PICO approach: P – Population; I, Intervention to evaluate; C – Comparison alternate action; O – the intended outcome to be achieved.	FICW Researcher	▪ Outcome Description ▪ Target Population Description ▪ DCF Policies Related to Problem	▪ Research Question

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
6.7	Identify, Synthesize and Classify Available Empirical Evidence	The FICW Researcher will conduct literature reviews to identify research reviews identifying interventions to produce the desired results. Using a predefined meta-analysis protocol, the Researcher will review and analyze the research results using various statistical techniques to identify and evaluate relevant research. This may include analysis of data from studies included in the research review. The systematic review is focused on the research question in a cause-and-effect form in order to identify correlations between interventions and outcomes reported in the studies.	FICW Researcher	▪ Research Studies, Research Question	▪ Preliminary Research Report
6.8	Choose Intervention Based on Best Available Evidence	The FICW Researcher will present the preliminary Research Report to the Department, the Governance Committee and FICW leadership. This group will also seek input from Community Service Providers and other resources within the Community-Based Care Lead Agencies (who are represented in an advisory capacity on the Governance Committee). Based on the systematic review of available research and evidence in the literature, the Department, the Governance Committee and FICW will collaborate to identify the target intervention. At a minimum, the Department should seek to understand the 5 questions posted in *Fostering Accountability*[41] posed in section 3.4.2.1 below.	Department, FICW, Governance Committee	▪ Preliminary Research Report	▪ Intervention as Candidate for Pilot and Evaluation
7.0	Prioritize Recommendations	Given there might be multiple recommendations resulting from a single study, or there could be multiple concurrent research initiatives, the Governance Committee will set priorities for implementing pilots.	Governance Committee	▪ Candidate Interventions	▪ Prioritized Interventions

Exhibit 43: Research Process Narrative

[41] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

3.4.2.1 *BEST AVAILABLE EVIDENCE – INTERVENTION SELECTION CONSIDERATIONS*

As a longer-term strategy, the Program will collaborate with FICW to develop or adopt a rigorous method or protocol for systematic analysis of existing research (meta-analysis).

In the absence of rigorous meta-analysis protocols, Testa and Poertner, et al. suggest several questions the Department should apply when reviewing the results of intervention research prior to selecting interventions for pilot implementation:[42]

1. **Population**
   a. What were the populations or groups studied? It is important to understand the match between the populations studied and the target population DCF is trying to affect via an intervention.
2. **Intervention**
   a. To what was the intervention compared? The most effective studies will compare the target intervention to interventions available to the target population.
   b. How large were the effect sizes in the intervention? Research reviews should report effect sizes where available to provide a picture of the statistical significance of the correlation interventions and the outcomes of the studies.
   c. How many studies of the intervention are using the strongest research design? A larger number of studies employing strong research designs leads to greater assurance the intervention might be effective and efficacious.
3. **Alternative Course of Action**
   a. What alternative courses were considered? Were they viable alternatives?
4. **Outcomes**
   a. What were the outcomes examined in the study? Inclusion of studies matching the desired outcomes for a particular Florida gap is the outcomes/results in the reviewed studies are compared in some way to the desired outcomes in the target population is ideal, but odds are low there will be exact matches in many studies. The researcher must postulate hypotheses to support inclusion of the studies as evidence a particular intervention might be useful in Florida.

3.4.2.2 *RESEARCH TECHNOLOGY CONSIDERATIONS*

From an implementation perspective, currently there are no identified technology needs related to the research component of the Program.

3.4.2.3 *RESEARCH PEOPLE AND PROCESS CONSIDERATIONS*

The following people and process considerations must be addressed prior to the implementation of the Program:

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[42] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

- **Fractional FTE in Quality Improvement Office** – In order to effectively and efficiently manage the work ultimately completed by FICW, or jointly between DCF and FICW, a role is needed to manage/interface with FICW on Research Projects.

- **Training for DCF Staff on Research Review** – This includes providing some basic information on the purpose of the research function, and how future interventions promoted by the Department will rest on a foundation of research-informed evidence.

- **Develop Levels of Evidence Construct Specific to Florida** – As discussed above, the Department and FICW will jointly develop a framework for classifying research.

- **Develop Meta-analysis Protocol (FICW)** – A systematic methodology is required for the assessment of available research on Child Welfare interventions. A meta-analysis protocol will be developed to ensure all research review studies are conducted in the same manner to ensure consistent and reliable results.

- **Develop Annual Research Plan/Budget** – The Department and FICW will identify gaps between the portion of FICW's budget targeted to research for the Department and the actual and forecasted needs which should be addressed to identify promising interventions.

3.5 EVALUATION

This section describes the program evaluation approach to ensure recommended interventions/solutions are working and are effectively driving the desired outcomes.

The Evaluation process described in this section is intended to provide a rigorous approach to evaluating the efficacy and effectiveness of target interventions. Efficacy evaluation is used to determine the internal validity of the intervention (the correlation between the intervention and the desired outcome).

The Evaluation component of the Program is a means for determining the *internal validity* of promising interventions. Internal validity speaks to the characteristics of evidence reflecting the real meaning of the concept under consideration.[43] For example, does a positive difference in performance measures after implementation of an intervention really mean the intervention affected the outcome, or was it some other factor or even random chance? Internal validity adds a measure of assurance the intervention in the study truly made a difference.

The Program includes both formal evaluation of promising interventions intended to enhance outcomes for children and their families, as well as on-going predictive analysis of outcomes

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[43] Rubin, A; Babbie, E. 2011. Belmont, CA. Research Methods for Social Work. Brooks/Cole Cenage Learning.

data to identify correlations which become apparent when analyzing large data sets across thousands of cases.

Randomized controlled experiments can be employed by the Program to create a framework for assessing internal validity of interventions to ensure causality is defensible. While these types of studies are employed in other disciplines (medicine, education, public health, etc.) they are not employed in Child Welfare as frequently. Randomized controlled experiments increase the Program's ability to identify links between interventions and outcomes. Testa argues:

> "The benefit of randomly assigning clients, caseworkers, siblings, families, or other units of analysis to a promising, but still unconfirmed, intervention is that it greatly simplifies causal inference. By leaving the assignment process to chance, such as when flipping a coin, drawing a lottery ball, or consulting a table of random numbers, the laws of probability help to ensure that the intervention and comparison groups are statistically equivalent within the boundaries of chance error on both observable and unobservable characteristics before the start of the intervention. If, after the intervention is fully delivered, significant differences in outcomes emerge, it is reasonable to infer that the cause is the intervention itself rather than any preexisting dissimilarities between the groups." [44]

The Florida Child Welfare Institute plays a critical role in the evaluation of promising interventions, as depicted below. FICW (either directly, through contracts, or in conjunction with community partners) is the primary resource for conducting evaluation activities. This model is efficient as it equips the Department with advanced tools and access to specialized resources across multiple universities and partners without diverting the focus of attention from the primary responsibility of managing the Child Welfare Program.

3.5.1 EVALUATION PROCESS

The Evaluation process begins with the Design of an Evaluation Plan for promising interventions identified in the Research Review process. Evaluation ends with either the determination an intervention is not effective and efficacious, or the intervention is effective and efficacious but should not be implemented due to cost, complexity, or other factors, or the intervention should be incrementally implemented in a new environment to test external validity and generalizability.

Exhibit 44: Evaluation Process presents a graphical overview of the Evaluation process, based on the considerations discussed above. A narrative description of each process step or task follows in **Exhibit 45: Evaluation Process Narrative.**

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[44] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.
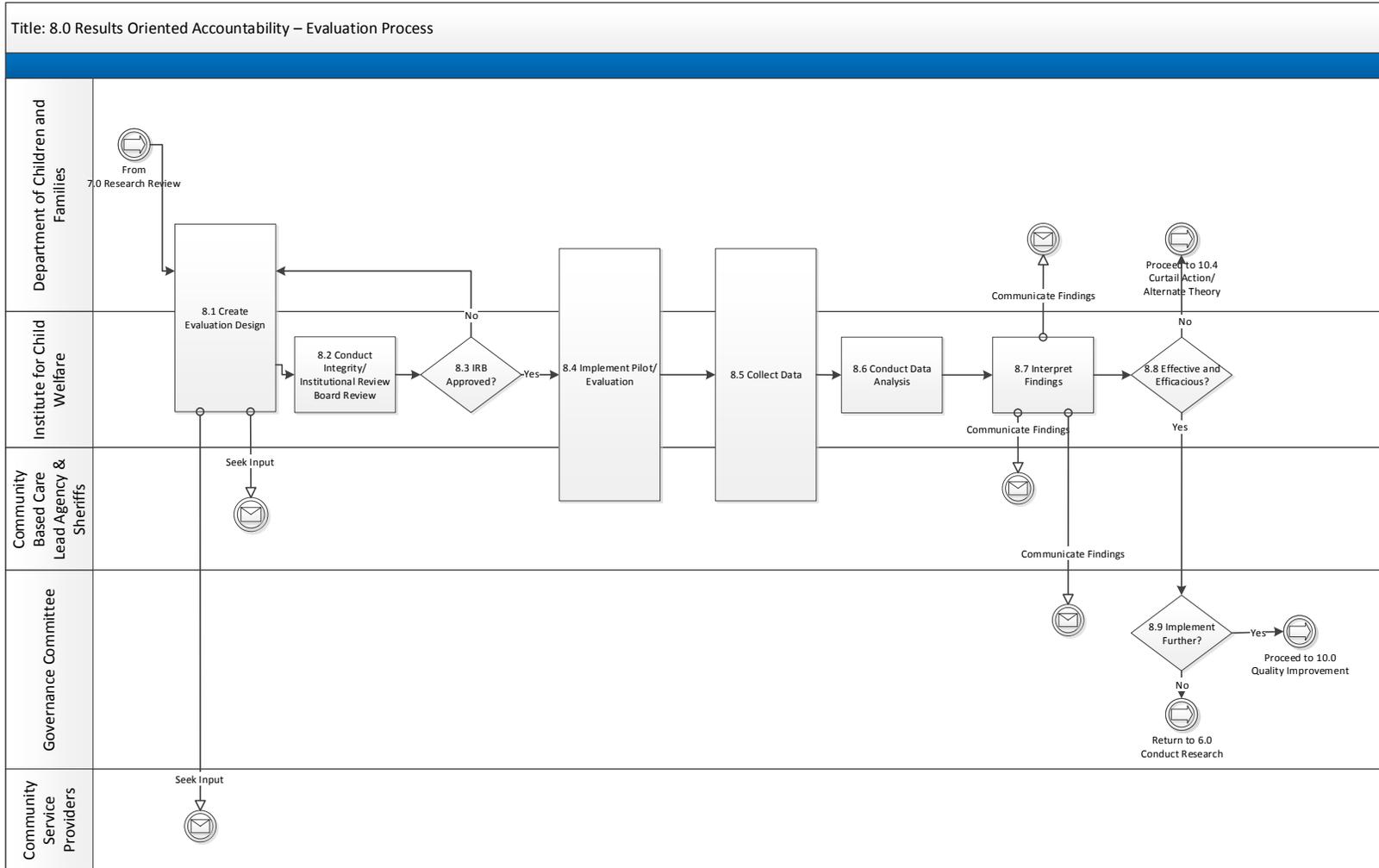
Title: 8.0 Results Oriented Accountability – Evaluation Process

Department of Children and Families

From
7.0 Research Review

Institute for Child Welfare

8.1 Create Evaluation Design

8.2 Conduct Integrity/ Institutional Review Board Review

8.3 IRB Approved?

No

Yes

8.4 Implement Pilot/ Evaluation

8.5 Collect Data

8.6 Conduct Data Analysis

8.7 Interpret Findings

Communicate Findings

8.8 Effective and Efficacious?

Proceed to 10.4 Curtail Action/ Alternate Theory

No

Yes

Communicate Findings

Community Based Care Lead Agency & Sheriffs

Seek Input

Communicate Findings

Governance Committee

Communicate Findings

8.9 Implement Further?

Yes

Proceed to 10.0 Quality Improvement

No

Return to 6.0 Conduct Research

Community Service Providers

Seek Input

Exhibit 44: Evaluation Process

Exhibit 45: Evaluation Process Narrative presents a narrative description of each process step depicted in the Evaluation process map provided in Exhibit 44: Evaluation Process.

#	Activity Name	Description	Role	Input(s)	Output(s)
8.1	Create Evaluation Design	After research review has identified promising interventions, and the Governance Committee has determined priorities for evaluation of one or more interventions, the Department and FICW will create an evaluation design, with input from the CBCs, Sheriff's Office and Community Service Providers. See section 3.5.2 below for a discussion of Evaluation Design considerations.	Department, FICW	▪ Prioritized Interventions	▪ Evaluation Design Document
8.2	Conduct Integrity/Institutional Review Board Review	In compliance with federal law and DCF policy, FICW will conduct an Institutional Review of the Evaluation design to ensure the design is ethical and protects the interests and rights of the participants in the study. See section 3.5.2.3 below for a discussion of ethical considerations weighed by the IRB.	FICW, IRB	▪ Evaluation Design Document	▪ IRB Review Decision
8.3	IRB Approved?	The Institutional Review Board may approve or deny the proposed Evaluation Design. If yes, the workflow proceeds to 8.4 Implement Pilot/Evaluation. If no, workflow returns to 8.1 "Create Evaluation Design" and the evaluation design is modified.	FICW	▪ IRB Review Decision	
8.4	Implement Pilot/Evaluation	Upon approval by the IRB, the Department, FICW, the CBCs, Sheriff's Office and Providers implement the Intervention as a pilot in order to evaluate its effectiveness/efficacy.	Department, FICW, CBCs & Sheriff's Offices	▪ Evaluation Design	▪ Pilot Program for Intervention
8.5	Collect Data	Based on the evaluation design, the Department, FICW, the CBCs and Sheriff's Office collect data to study the pilot intervention.	Department, FICW, CBCs & Sheriff's Offices	▪ Evaluation Design Data Collection Methodology	▪ Raw Evaluation Data

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
8.6	Conduct Data Analysis	Using the joint data lab and associated procedures (as specified in the Evaluation Design), FICW will conduct a rigorous analysis of the data resulting from the study.	FICW	• Raw Evaluation Data • Data Analysis Methodologies from Evaluation Design	• Data Analysis
8.7	Interpret Findings	After completion of the Data Analysis, FICW interprets the findings in the form of an evaluation report. The findings are communicated to the Department, CBCs, Sheriffs, Governance Committee and interested stakeholders via the DCF website.	FICW	• Data Analysis	• Evaluation Report
8.8	Effective and Efficacious?	If the study demonstrates the intervention was not successful, the workflow returns to the Research Review stage to select another promising intervention. If the pilot demonstrated effectiveness and efficaciousness, the Governance Committee is engaged to determine if the results warrant further implementation.	FICW	• Evaluation Findings • Evaluation Report	• Decision
8.9	Implement Further?	If yes, the Governance Committee has determined the findings warrant additional implementation in a broader context via the Quality Improvement Process. Proceed to 10.0 "Quality Improvement." If No, the Governance Committee determines the results of the evaluation study do not warrant further implementation of the target intervention. The workflow returns to 6.0 "Conduct Research" to identify another promising intervention.	Governance Committee	• Evaluation Findings • Evaluation Report	• Decision

Exhibit 45: Evaluation Process Narrative

3.5.2 EVALUATION DESIGN CONSIDERATIONS

As shown in **Exhibit 46: Categories of Studies for Evaluation Purposes**, in Social Science research, there are a number of study types to employ. Studies to use for the Program include (but are not limited to):

#	TYPE	DESCRIPTION	DISCUSSION/LIMITATIONS
1	Classical Experimental Design (Pre-test – Post-test)	Classic design utilizes experimental and control group design with pre- and post-test for both.	Controls for threats to internal validity, however does not control for potential bias introduced by the pre-test.
2	Post-Test Only	This design employs experimental and control groups, without pre-test.	Assumes randomization is a means of removing initial differences between experimental and control groups.
3	Solomon Four-Group Design	Rarely used in social work studies, but effective in ensuring pre-test bias is accounted for. This design uses random assignment to four groups instead of two.	This approach is more complex and expensive to implement.
4	Alternative Treatment Design with Pre-Test	Used for comparison of two alternative interventions.	Sometimes used without a control group, but this threatens internal validity.
5	Dismantling Studies	This design is used to determine the components of the intervention which are driving the observed effects.	Components pulled out for study must stand on their own as interventions.
6	Quasi-Experimental	Does not utilize random assignment of participants to control and experimental groups.	Often provide less internal validity.

Exhibit 46: Categories of Studies for Evaluation Purposes

While the unique circumstances of each promising intervention will dictate the design of the study, it is certain the Program must determine the extent to which it will utilize true experimental research. Until the determination is made, it is likely most research evaluation will be based on quasi-experimental designs.

3.5.2.1 RANDOM CONTROLLED STUDIES – ETHICAL CONSIDERATIONS

Many in Child Welfare are hesitant to withhold interventions from children in control groups as it seems unethical. It could also lead to unwanted fiscal impacts, and may drive negative press or complaints. To counter, one could argue the ethics of providing interventions having no demonstrated evidence of their effectiveness. Most important, in Process 8.2 Evaluation, described in **Exhibit 43: Evaluation Process Narrative**, FICW will conduct an Institutional Review of the Evaluation design to ensure the design is ethical and protects the interests and rights of the participants in the study. This review would take into account the input of the social workers who have contact with the children, and who are primarily responsible for the qualitative interpretations of client intention and meaning.

3.5.2.2 FACTUAL VERSUS COUNTERFACTUAL

It is important for the Program to approach evaluation of promising interventions with a mindset of understanding what would have happened to the children who received the intervention if

they had not. This is counterfactual reasoning[45]. It is impossible to both provide and withhold the intervention from the same set of subjects, so the counterfactual has to be approximated in actual research and evaluation. This is accomplished in the Program through randomization, where possible, however when this is not possible other quasi-experimental matching designs must be used such as propensity score matching (PSM), in which participants are matched based on similarities on one or more variables.

3.5.2.3 IMPORTANCE OF INSTITUTIONAL REVIEW PROCESS

Because of federal requirements and ethical concerns with conducting experimental research in Child Welfare settings, it is imperative the Program utilize an Institutional Review process to ensure participants are protected and research and evaluation are conducted in an ethical manner. The Program design utilizes the Institutional Review process of FICW to ensure compliance with internal DCF policy regarding Institutional review. Some basic tenets of the ethical guidelines employed in the Institutional Review are:[46]

- **Voluntary Participation and Consent** – In all but a few exceptional cases research participation must be voluntary and must be conducted with the informed consent of the participants. Families will not be forced to participate, and they will be informed of the consequences of the study.

- **No Harm to Participants** – Research studies will not harm the participants, and must be rigorously designed to reduce the risk of harm to participants (physical, psychological and otherwise).

- **Anonymity and Confidentiality** – Participant identity must be protected to ensure researchers cannot associate a particular response with an identified responder. In cases in which responses can or must be associated with an individual participant due to needs of the study, confidentiality must be assured.

- **Deception** – Deceiving participants is unethical, and will be avoided unless there are scientific or administrative concerns.

- **Analysis and Reporting** – Accurately reporting results and providing negative findings, short-comings and problems with the design of the study will be requirements of the Program.

- **Benefits vs Costs** – Ensuring the potential benefits of the evaluation research will outweigh any potential ethical harm (i.e., the risk of harm brought on by using a control versus experimental group design) is a paramount concern.

- **Right to Receive Services vs Responsibility to Evaluate Service Effectiveness** – Ensuring Evaluation and Research designs provide mechanisms to address ethical concerns around denial of service to control groups will be evaluated for each study,

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[45]Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

[46] Rubin, A; Babbie, E. 2011. Belmont, CA. Research Methods for Social Work. Brooks/Cole Cenage Learning.

and options such as comparing available alternative interventions will be employed when possible.

3.5.2.4 *EVALUATION PROCESS CONSIDERATIONS*

- **Institutional Review Policy Evaluation** – As discussed above, the Institutional Review process is critically important to ensure ethical conduct of any evaluation projects. While DCF currently has an Institutional Review policy, a small initiative will be required to ensure the proposal to use the Institutional process in place at FICW sufficiently meets all state and federal requirements applying to DCF. Further, a determination must be made regarding which institution's process applies when the research is conducted by multiple organizations affiliated with FICW (currently housed at Florida State University, but coordinates with multiple Universities and Institutions across Florida).

- **Pilot Study Procedures** – Procedures must be developed to allow for systematic and repeatable planning and implementation of pilots. For example, if a promising intervention is identified mid-fiscal year, funding or spending authority must be obtained to implement a pilot within a FY. This procedure should outline requirements for planning and managing pilot studies.

- **CBC Contract and Sheriff's Office Grant Modifications** – Contracts and grants should be reviewed to determine the best approach for engaging the CBCs, Sheriff's Office and providers to participate in pilots, especially if there is a contractual impact. For example, if the CBC is contracted to provide certain services in a particular area, and the pilot requires modification to a portion of the services to create control and experimental groups.

- **Child Welfare Waiver Requirements** – If data collection during a pilot occurs outside of the Statewide Automated Child Welfare Information System (SACWIS, also known as FSFN), a waiver to proceed with the initiative will be required. Waiver Demonstration authority affords the state flexibility in the use of federal funds to test innovative approaches to Child Welfare service delivery and financing.

3.5.2.5 *EVALUATION TECHNOLOGY CONSIDERATIONS*

- **Data Lab for Data Analysis** – As noted in for Data Analysis section, a data lab is required to conduct the analysis of results created during the evaluation as well. Please see section 3.3.2 for a description of the data lab.

3.5.2.6 *EVALUATION PEOPLE CONSIDERATIONS*

In order to implement the Evaluation process, there are several people-related considerations which must be addressed:

- **Project Management** – In order to effectively accomplish smooth deployment and operation of evaluation pilots, expertise in both Child Welfare and Project Management is needed. The Department should initially dedicate at least one FTE Project Manager

Pilot Projects/Evaluation Projects once the Program is operating, with assessment of project management needs as the Program matures.

- ▪ **Data Lab Staffing** – FTE to staff the Data Lab. See Data Lab description in section 3.3.2 for further details.

3.6 QUALITY IMPROVEMENT AND INTEGRATION

This section describes the QA/CQI systems affected by the recommended program design, and describes the integration of Program data/information into affected quality systems.

3.6.1 RESULTS-ORIENTED ACCOUNTABILITY PROGRAM – QUALITY IMPROVEMENT FOUNDATION

First and foremost, it must be understood the Results-Oriented Accountability Program overall is a Quality Improvement program due to the fact it follows the generally accepted cycle of Plan-Do-Check-Act, i.e., goals are set, measures are determined, data is collected, results are compared against expectations, and actions are taken if results are not as expected. It is important to understand both the Quality Improvement actions which occur within the Cycle of Accountability after Evaluation, and the overall Quality Improvement focus of the Program required for success. This section addresses both the QI process and actions occurring at the fifth node of the cycle of accountability, and discusses considerations for other aspects of Quality Improvement which must be in place as a foundation for the Program.

The Results-Oriented Accountability Program is an integral part of the Department's Quality Improvement system, and the proposed Program Design places the Program as one of the primary QI tools of the Department. The Program's day-to-day operation is the responsibility of the newly created DCF Director of Program Quality and Performance Management. This role is responsible for creating true Quality Improvement focus within the Department and the system overall, through setting standards, creating tools, providing education and operating the Program. The QI approach is more than compliance; it seeks to create a true learning organization which adjusts and adapts its approach based on performance data. The goal is to improve the construct validity of Performance Improvement activities, to ensure QI is actually driving improved and meaningful performance of the organization, not just compliance.

3.6.1.1 CREATING THE LEARNING ORGANIZATION

A foundational principle of the Program is the Child Welfare system must become a "learning organization," one in which the vast amounts of data collected each day are analyzed and acted upon. Learning organizations not only take incremental action to correct performance issues, but go a step further to question the underlying constructs upon which the system is built. For example, when performance goals are not being achieved, the learning organization

not only looks for root causes to the variance, but also examines the underlying policy goals, assumptions and constructs upon which the intervention is based.

The incremental improvement of existing practices, policies, or actions is known as *single-loop learning*. This is a more traditional approach, in which goals and objectives are set, measurements are taken at specified intervals, and improvement of the defined interventions occurs as a result. In double-loop learning, outcomes are set, measurements are continuously taken and gaps are addressed through continuous assessment of the entire set of variables – including policy, practice models and a host of other factors influencing outcomes. [47,48]

What does this mean in a Child Welfare context, from an operational perspective? Ellen Munro, in evaluating the child protection system in the United Kingdom states:

> "With single loop learning, targets are set for the child protection system and its performance is monitored to check (='learn') whether the performance matches the targets. If not, then action is taken to change what is going on in the system and put things right i.e. to hit the target. In feedback terms there is a balancing loop… which acts to steer the performance measures closer and closer to the specified target.
>
> This can be contrasted with the broader, more reflective learning approach that is a characteristic of holistic thinking. This is double loop learning, in which the question that is being asked is: *have we specified the right thing to do?*"[49]

For example, if a new intervention is developed to address recurrence of maltreatment within high-risk families where domestic violence and substance abuse are present and maltreatment does not decrease to meet the targets, a traditional approach might be to continue to adjust the services and protocols to improve the outcomes. A double loop approach would question the entire approach, including the underlying policy, to ensure the theory behind this new intervention is correct. It could be the maltreatment is being driven by other factors not addressed by the narrowly focused intervention.

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[47] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

[48] Argyis, C. Single-Loop and Double-Loop Models in Research on Decision Making. 1977. Administrative Science Quarterly, Vol. 21, No. 3 (Sep., 1976), pp. 363-375. Ithaca, NY. Johnson Graduate School of Management, Cornell University

[49] Munro, E. The Munro Review of Child Protection Part One: A Systems Analysis. October, 2010. UK Dept. of Education (P.16)

3.6.1.2 *IMPROVING QUALITY IMPROVEMENT*

The Program design supports DCF in its move toward becoming a learning organization. Quality Improvement is the foundation upon which the learning organization rests. For truly effective quality improvement to occur, a QI mindset must permeate the culture of the Child Welfare system. Utilizing a series of steps proposed by Terry Moore, as discussed in *Fostering Accountability*, [50] the Program seeks to create a quality improvement culture in which information resulting from the Program is acted upon. The following key ingredients are necessary for this to occur:

- **Access to Data in Meaningful and Timely Reports** – The Program furnishes management reports designed in a way to provide meaningful information to managers and staff in a way which reduces the time required to interpret and act on the results. Beyond the regular accountability data published to the web, it is envisioned a series of reports are available down to the line staff level to inform their work.

- **Skills in Analyzing and Interpreting Data** – The ability to analyze data resulting from the Program, and to understand its meaning from a practice perspective are essential skills for managers (initially) and staff (for most effective performance).

- **Employing Action Strategies** – Action is taken when performance concerns arise. The Program supports an approach based on the tenets of creating goals and objectives, setting targets, implementing action, monitoring progress and adjusting actions or policy goals as needed to meet objectives.

- **Results-Oriented Culture** – The Program is a tool DCF can use to create a results-oriented culture throughout the Child Welfare system. There are several attributes of this culture which are expected to develop and mature as the Program is implemented:

  › **Routine use of data in decision-making** – Performance and other data are routinely used in decision-making.

  › **Responsibility is taken** – Persons involved in meeting performance outcomes for children take responsibility and act when expectations are not met.

  › **Action is taken** – Managers are taking action toward improving outcomes for children and families.

  › **Rewards are given** – Positive actions toward achievement of goals are recognized and rewarded.

  › **Stakeholders are involved** – The involvement of those with an interest or who are impacted are a part of crafting solutions.

  › **Learning Encouraged** – Data is shared, and people at all levels are encouraged to review it, understand its meaning and make changes to improve outcomes.

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[50] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.
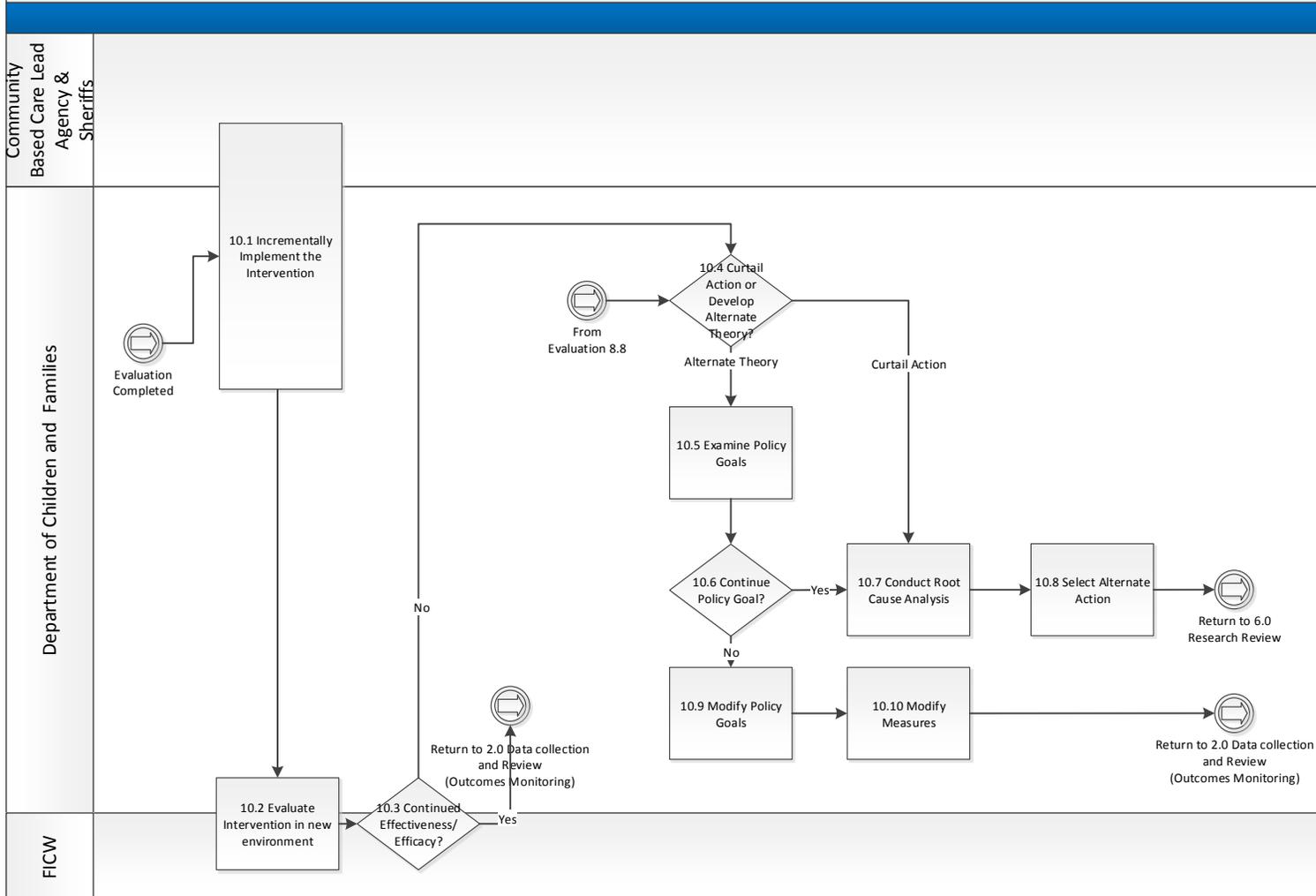
3.6.2 QUALITY IMPROVEMENT PROCESS

The Quality Improvement processes embedded within the cycle of accountability begin when evaluation of a promising intervention is complete, and end when the promising intervention is implemented on a wider basis, when alternate actions are selected for additional research and evaluation, or when underlying assumptions, logic models, policy goals, and resulting measures are modified and monitored through the regular processes within the Program.

Exhibit 47: Quality Improvement Process presents a graphical overview of the Quality Improvement process, based on the considerations discussed above. A narrative description of each process step or task follows in **Exhibit 48: Quality Improvement Process Narrative.**

Title: 10.0 Results Oriented Accountability – Quality Improvement Process

Community Based Care Lead Agency & Sheriffs

Department of Children and Families

- Evaluation Completed
- 10.1 Incrementally Implement the Intervention
- From Evaluation 8.8
- 10.4 Curtail Action or Develop Alternate Theory?
- Alternate Theory
- Curtail Action
- 10.5 Examine Policy Goals
- 10.6 Continue Policy Goal?
- Yes
- No
- 10.7 Conduct Root Cause Analysis
- 10.8 Select Alternate Action
- Return to 6.0 Research Review
- 10.9 Modify Policy Goals
- 10.10 Modify Measures
- Return to 2.0 Data collection and Review (Outcomes Monitoring)
- Return to 2.0 Data collection and Review (Outcomes Monitoring)

FICW

- 10.2 Evaluate Intervention in new environment
- 10.3 Continued Effectiveness/ Efficacy?
- No
- Yes

Exhibit 47: Quality Improvement Process

Exhibit 48: Quality Improvement Process Narrative presents a narrative description of each process step depicted in the process map provided in **Exhibit 47: Quality Improvement Process.**

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
10.1	Incrementally Implement the Intervention	Upon successful completion of evaluation of an intervention which meets expectations, the Department proceeds to implement the intervention in other locales/contexts in an incremental fashion (as dictated by the nature of the intervention and other factors identified in research and evaluation phases).	Department, CBCs, Providers	▪ Intervention which has been successful in evaluation, and has been approved for further implementation by the Governance Committee	▪ Intervention implemented in a new locale or context
10.2	Evaluate Intervention in new environment	The Department and its partners monitor key indicators to determine if the intervention is performing as it did during formal evaluation and pilot phases.	Department, FICW	▪ Intervention implemented in a new locale or context	▪ Performance Data
10.3	Continued Effectiveness/ Efficacy?	A determination regarding the performance of the intervention is made. If Yes, workflow proceeds to 2.0 "Data collection and Review (Outcomes Monitoring)" and routine monitoring of Program measures continues. If No, workflow proceeds to 10.4 "Curtail Action or Develop Alternate Theory?"	Department, FICW	▪ Performance Data	▪ Decision

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
10.4	Curtail Action or Develop Alternate Theory?	A decision is made to either stop the action and pursue another action, or pursue another theory. This is a key tenet of creating a learning organization through double-loop learning. If "Curtail Action," workflow proceeds to 10.7 "Conduct Root Cause Analysis." In this case the assumption is the action is incorrect, but the underlying theory and policy goals are correct. If "Alternate Theory," workflow proceeds to 10.5 "Examine Policy Goals." In this case, the underlying policy goals, assumptions, and theories are in question.	Department	▪ Determination the intervention is not working in different contexts.	▪ Decision
10.5	Examine Policy Goals	The Department assesses the underlying policy assumptions/goals/ theories underlying the target area of practice to determine if the goals are still relevant or meaningful.	Department	▪ Decision to Pursue Alternate Theory	▪ Policy Goal Analysis
10.6	Continue Policy Goal?	A decision regarding the relevance of the policy assumptions/goals/ theories is made. If Yes, workflow proceeds to 10.7 "Conduct Root Cause Analysis." If No, workflow proceeds to 10.8 "Select Alternate Action."	Department	▪ Policy Goal Analysis	▪ Decision

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
10.7	Conduct Root Cause Analysis	A decision has been made to continue with the current policy goals. The Department (with input from other stakeholders such as FICW, CBCs and Providers) conducts root-cause analysis to determine potential alternate actions.	Department	▪ Decision to Continue Policy Goals	▪ Root-cause Analysis Information
10.8	Select Alternate Action	Potential alternate actions have been identified based on root-cause analysis and require further research review activities.	Department	▪ Root-cause Analysis Information	▪ Alternate Actions for Research
10.9	Modify Policy Goals	Based on examination of policy goals, the Department modifies the underlying policy assumptions/goals/ theories.	Department	▪ Decision to Discontinue Policy Goal	▪ New or Modified Policy Goal
10.10	Modify Measures	Because fundamental goals have been modified, the Department evaluates and modifies measures to support the modified policy goals.	Department	▪ New or Modified Policy Goal	▪ Updated Measures for Monitoring

Exhibit 48: Quality Improvement Process Narrative

3.6.2.1 QUALITY IMPROVEMENT PROCESS CONSIDERATIONS

Development of the Quality Improvement approach to support a true learning organization requires the following activities to support the associated processes:

- ▪ **QI Procedures** – As discussed in the Data Collection and Review (Outcomes Monitoring) section, additional procedures and tools beyond "Windows into Practice" will be required to fully implement the Program. "Windows into Practice" and associated tools will require modifications as additional qualitative measures are developed.

3.6.2.2 QUALITY IMPROVEMENT TECHNOLOGY CONSIDERATIONS

The following technology development and/or updates are required to support the Quality Improvement process:

- **Enhancement of Systems to Capture Quantitative and Qualitative Data** – As qualitative measures are created to support the Program, current case review systems will require enhancement to produce data to feed the QI process.
- **Development of QI-specific Reports and Procedures** – As the broader QI organization is created within the system, reports and procedures to support the Program will be developed.

3.6.2.3 *QUALITY IMPROVEMENT PEOPLE CONSIDERATIONS*

Creating a culture of learning is heavily reliant on the readiness of the people within the organization to implement and operate its components. The initial people-related considerations for the Quality Improvement process are:

- **QI Organization** – The Program requires an initiative to develop a QI Organization within DCF to manage Results-Oriented Accountability. Current staffing of one FTE will require additional resources to manage the Program.
- **Director of Program Quality and Performance Management** – A new role is created to manage both the Quality functions of OCW, and to serve as Sponsor for the Results-Oriented Accountability Implementation initiatives and Team. This role reports directly to the Assistant Secretary for Child Welfare and is responsible for the following functions: Results-Oriented Accountability Implementation, Quality Assurance/Quality Improvement, Data and Analysis, Performance Management and Reporting and Training. The Implementation Team will be housed within the new Program Quality and Performance Function created within OCW.
- **Training for All Managers (DCF and CBC) on QI principles** – Training to provide managers with basic understanding of the use of data, management reports, analytical approaches and responsibility in taking action will be developed.
- **QI Training for All Child Welfare System Stakeholders (DCF, CBC, Provider, Foster/Adoptive Parents and others listed in section 2.2** – Training to introduce and reinforce a culture of accountability and basic QI tenets will be developed. This includes topics intended to apprise managers and staff of their role in achieving outcomes and the use of data for research and evidence-supported practice.
- **Training System in General** – A solid foundation of practice skills for employees at all levels is a paramount requirement for success of the accountability system, as interventions cannot be implemented with integrity if the workforce is not skilled in employing them, in assessing them, and in taking action when outcomes are not being met.

SECTION 4 IMPLEMENTATION PLAN

This section of the Program Plan includes the Program implementation timeline and roadmap. It also presents the risks and significant considerations affecting the Program implementation.

4.1 IMPLEMENTATION OVERVIEW

As discussed throughout previous sections, the Program requires a number of initiatives to fully implement the desired processes and functions necessary to achieve long-term change in the Child Welfare system. The initiatives include the creation of a governance and management structure to oversee implementation, developing the infrastructure for data collection and analysis, implementing the key components of the Cycle of Accountability, deploying extended Quality Improvement functions within the system and establishing a training regimen for staff on their role in the Program's success.
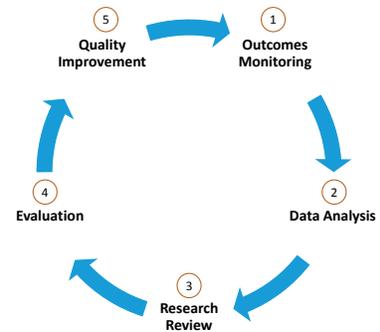
The basis for the overall implementation of the Program is an iterative approach to complete tasks and to meet high-priority objectives. Because the Program has great potential to create near and long-term change for the children of Florida, there must be a balance between the need to take a long-term approach to accomplishing all objectives versus moving quickly to start basic Program operations and produce results. A basic premise of the implementation philosophy is to take meaningful action to meet objectives while continually expanding and improving results.

The Department and other stakeholders will be faced with competing needs throughout the implementation of this important Program, so the focus is on achieving results early with as little disruption to daily operations as possible.

Implementation tasks and projects are completed by a combination of Department, Institute, and external staff to augment existing capacity. Critical to the success of the Program implementation is the creation of a Results-Oriented Accountability Implementation Project Team serving as the program management organization. The Results-Oriented Accountability Implementation Project Team includes creation and ownership of Program Governance processes (including engagement of advisory bodies such as the Technical Advisory Committee), initiative prioritization, program management standards and execution, and overall project management.

At the initiative level, management is accomplished through a combination of Department and external project management resources, with the Results-Oriented Accountability Implementation Project Team providing management of a Program Master Schedule used to coordinate initiatives, manage resources and ensure the timing of initiative meets Program objectives.

In an iterative approach, a set of initiatives or tasks is identified as candidates for implementation. Tasks and projects are prioritized, with a focus on the basic components needed to achieve early results. As prioritized tasks and projects are addressed through the process, project teams work through time-boxed project phases lasting 1-3 months to achieve a defined set of objectives. A key requirement for success is the use of regular status reporting and discussions to understand progress, and more importantly, to identify and remove roadblocks to implementation success.

Exhibit 49: Iterative Implementation Approach below depicts the Results-Oriented Accountability Program Plan implementation approach described above.
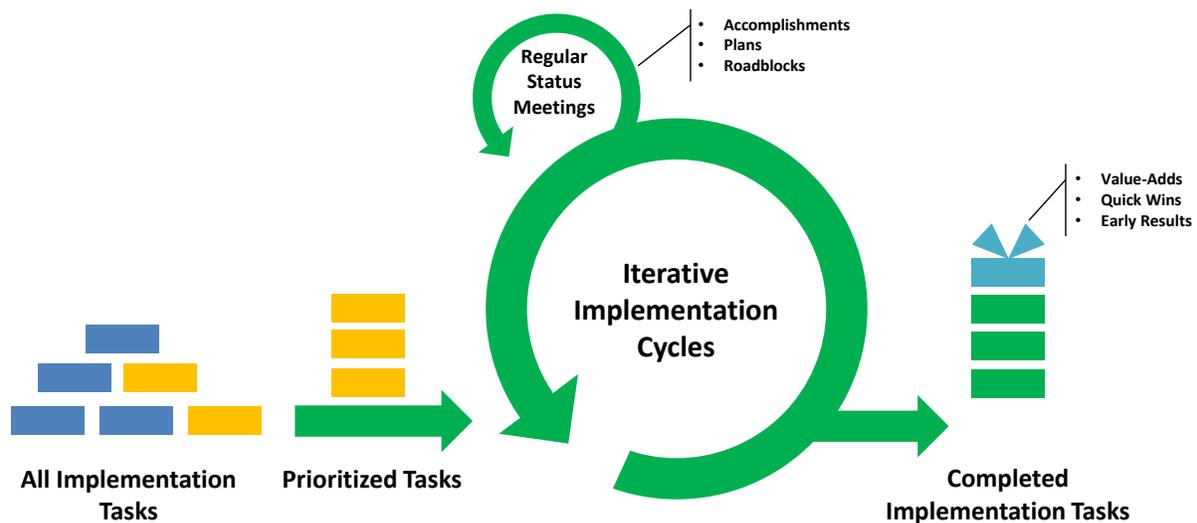
Exhibit 49: Iterative Implementation Approach

An iterative approach allows for the efficient identification and implementation of early-win initiatives and value-add activities otherwise lost in a traditional linear approach to an implementation of this nature. As discussed above, proceeding with the implementation activities and achieving meaningful results early is fundamental to facilitate complete adoption and success for the Program. A key premise of the implementation approach is to establish the infrastructure of the Program and embed the initial outcome measures to operations. Validation of the measures, expansion of measure drivers are addressed in an iterative fashion, much as the Program itself is modeled.

Essential governance, management procedures, structures and activities are initiated at the onset of the implementation, with infrastructure, data and basic presentation initiatives started as soon as the key Program Management processes are in place. As these elements come online, assumptions are checked, results are reviewed, and changes or improvements are made as the Program moves to the next cycle of incremental implementation. As the initial ROA Reporting System is defined and implemented, addition of new measures in future cycles potentially require new data, along with updates to various presentation mechanisms. The

infrastructure is envisioned to be flexible enough to handle these iterations in a cost-effective manner.

4.2   IMPLEMENTATION PLAN TASKS

This section contains a roadmap of initiatives needed for implementation and operation of the Program. Further breakdown of the tasks may be required as the projects are initiated. **Exhibit 50: Program Initiatives** provides a summary of the implementation initiatives.

#	INITIATIVE NAME	INITIATIVE DESCRIPTION	INITIATIVE GOALS
1	Results-Oriented Accountability Implementation Project Team	This initiative creates the management structure and processes required to manage and oversee the implementation of the Program.	▪ Implement the Program with the greatest positive impact at the least possible cost. ▪ Complete Program implementation within a reasonable time.
2	Measure Development and Validation	This initiative increases the construct validity of the selected measures,	▪ Develop reliable and valid measures exhibiting integrity in measuring desired outcomes. ▪ Set baseline targets to serve as a starting point for the Program. ▪ Develop qualitative measures and procedures to provide next level validation of performance outcomes.
3	Master Data Management	A Child Welfare Community perspective of ROA requires integration of data across the stakeholder community. An effective governance process will be needed to enable data collaboration while safe guarding confidentiality.	▪ Establish and implement procedures required to enable data quality, standardization and stewardship responsibilities of Results-Oriented Accountability child centric data across the Child Welfare Community.
4	Establishment of Data Lab and Tools	This initiative establishes an ROA analytics environment.	▪ Establish the Results-Oriented Accountability analytics hardware and software environment.
5	Data System Updates for Initial Measurement Gaps	This project is required to resolve gaps between the currently defined outcome measures and FSFN data required to calculate the measures.	▪ Resolve gaps between the currently defined outcome measures and the availability of FSFN data required to calculate the measures.

#	INITIATIVE NAME	INITIATIVE DESCRIPTION	INITIATIVE GOALS
6	Accountability Reports	In this project, the team will conduct additional analysis to identify the more detailed information presentation requirements for Program stakeholders. This will lead to the development of detailed report requirements and report designs for review and approval by stakeholders. As reports are developed, data extracts will be created, along with data transformation routines and presentation mechanisms. This project also includes testing of all report creation and delivery components. Finally, any training needed to support deployment and utilization of the reports will be created.	▪ Create transparency and accountability by facilitating timely and meaningful access to Program results. ▪ Ensure reports are easy to use and do not require additional effort to interpret. ▪ Meet the Program-related information needs of all stakeholders.
7	Quality Assurance/Compliance Resource Analysis	This initiative will Identify internal and external units conducting QA/QI and contract compliance activities (audits) in order to determine where resources are being utilized. A key outcome is the assessment of system-wide capacity to conduct case reviews and other QI-related activities. This activity will also include the assessment of external capacity/cost to conduct contract compliance reviews (audits) in case there is value to be gained from shifting compliance resources to higher value uses such as qualitative case reviews. This project will result in recommendations regarding QI staffing and deployment.	▪ Identify the best resource mix for supporting program objectives. ▪ Deploy resources to their highest value use. ▪ Increase the ability to collect and utilize qualitative data. ▪ Develop a better picture of the capacity of the system to engage in enhanced Quality Improvement activities.
8	Quality Improvement Organization	This project will assess Quality Improvement needs associated with the Program, and will lead to the development or modification of a QI Program Plan and procedures, to include Results-Oriented Accountability functions. This effort will develop a QI staffing plan, and will result in the creation of a role to oversee and manage the overall QI function. The team will develop a QI Staffing Plan, to include QI resources to support Program operations, research, evaluation and QI functions. The project will also result in the development and delivery of QI focused training for managers, staff and other stakeholders in the system. This training is intended to further move the system toward a "learning organization" mindset.	▪ Create capacity within DCF to expand current Quality Assurance (QA) efforts into Quality Improvement (QI). ▪ Complete the implementation of an organization to oversee and manage the DCF components within the Results-Oriented Accountability Program, as well as managing relationships and workflow with other involved stakeholders.

#	INITIATIVE NAME	INITIATIVE DESCRIPTION	INITIATIVE GOALS
9	Results-Oriented Accountability Reporting System	Used to monitor and improve results accountability across Child Welfare Community stakeholders.	▪ Incorporate measurement data from ROA Child Welfare Community stakeholders into the ROA Reporting System.
10	Child Welfare Community Data	This initiative is intended to develop interfaces for each of the 20 Child Welfare Community stakeholder groups.	▪ Complete FSFN System Adoption ▪ Establish interface for non-SACWIS data captured at the local level ▪ Incorporate measurement data from ROA Child Welfare Community stakeholders into the ROA Reporting System.
11	Institutional Review Policy (IRB) Updates	This project is intended to facilitate review of IRB processes employed by FICW and affiliated Institutions in order to ensure federal and other requirements are met. This project is also intended to define how the IRB process will work when multiple institutions are involved to ensure there is a consistent review process acceptable to all parties involved.	▪ Develop a blanket Institutional Review Board (IRB) policy accepted/utilized by institutions engaged to conduct research and evaluation on behalf of the Program. ▪ Ensure all Federal and DCF IRB requirements are met, regardless of entity engaged to conduct research or evaluation activities.
12	Research Standards	A major output of this project is the development of a "Levels of Evidence" construct specific to Child Welfare in Florida. As indicated in *Fostering Accountability*,[51] there is not a solid "Levels of Evidence" model in Child Welfare which can be used to classify research studies. This initiative will also research, test and implement a meta-analysis protocol for Research Reviews requiring meta-analysis of large numbers of target studies. Another key output is the development of a process for estimating research budgets.	▪ Create clearly defined and implemented research and evaluation standards. ▪ Develop levels of evidence and obtain stakeholder agreement on their meaning and application. ▪ Implement systematic methodologies for research review. ▪ Develop a meta-analysis protocol to apply consistently across research reviews. ▪ Create a consistent process to estimate research needs and budgets.

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[51] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

#	INITIATIVE NAME	INITIATIVE DESCRIPTION	INITIATIVE GOALS
13	Pilot Study Standards	In this initiative, the Department will jointly develop pilot study procedures with FICW. The intent is to determine all of the critical elements, approvals and considerations which must be addressed prior to implementing a pilot study in a Child Welfare setting. This will include a work stream to assess and update CBC contracts to ensure they allow for pilots, including specific tenets to account for resource shifts, impacts to performance measures, etc. caused by pilot activities. Also included is the creation of standards for project management of pilot studies (both research/evaluation and service delivery components), along with development of protocols for staffing pilots, if current levels need to shift or expand to accommodate pilot studies.	▪ Create methodologies and approaches to ensure pilots of interventions are completed consistently across the state. ▪ Develop and gain stakeholder acceptance of procedures for conducting pilot studies. ▪ Ensure pilots are meaningful and represent impactful expenditure of funds. ▪ Create an atmosphere in which cooperation in pilots is received from all required providers in the state, regardless of geography or demographics.
14	Research and Evidence-Informed Practice Training Development	This effort includes a needs assessment to determine training requirements and objectives related to research and evidence-informed practice. The intent is to ensure the Program begins to drive a culture shift within the system to one in which data is used in decision-making, and a "learning organization" mentality emerges. Key activities after needs assessment include design of the training strategy, development of training materials, and implementation of training and evaluation of the results. After the materials are finalized, they will be integrated training and curriculums for all Child Welfare professionals and related fields including case manager's CPI, CLS, Courts, Foster/Adoptive Parents, GAL, etc.	▪ Develop an understanding of the importance of DCF and Provider roles in supporting research and evaluation. ▪ Educate staff on the importance of using research-informed interventions. ▪ Create a culture in which stakeholders within the system incorporate research into decision-making. ▪ Impact the culture of the organization causing it to shift toward the use of research and evidence of the effectiveness of interventions as a basis for actions taken.
15	Results Oriented Accountability – FICW Support	This initiative represents FICW activities required to support the Results-Oriented Accountability Program.	▪ This charter represents FICW activities required to support the Results-Oriented Accountability Program.

Exhibit 50: Program Initiatives

Exhibit 51: Program Roadmap below provides an overview of the suggested implementation initiatives. This Gantt chart may be used as a guide to the sequencing of Program initiatives over the five-year timeframe described in this Program Plan.

Results-Oriented Accountability Program Initiatives – Baseline Implementation

The following Gantt chart may be used as a guide to the scheduling of initial and on-going iterative initiatives over the five years. Timelines are approximate and will be reevaluated when project charters are complete.
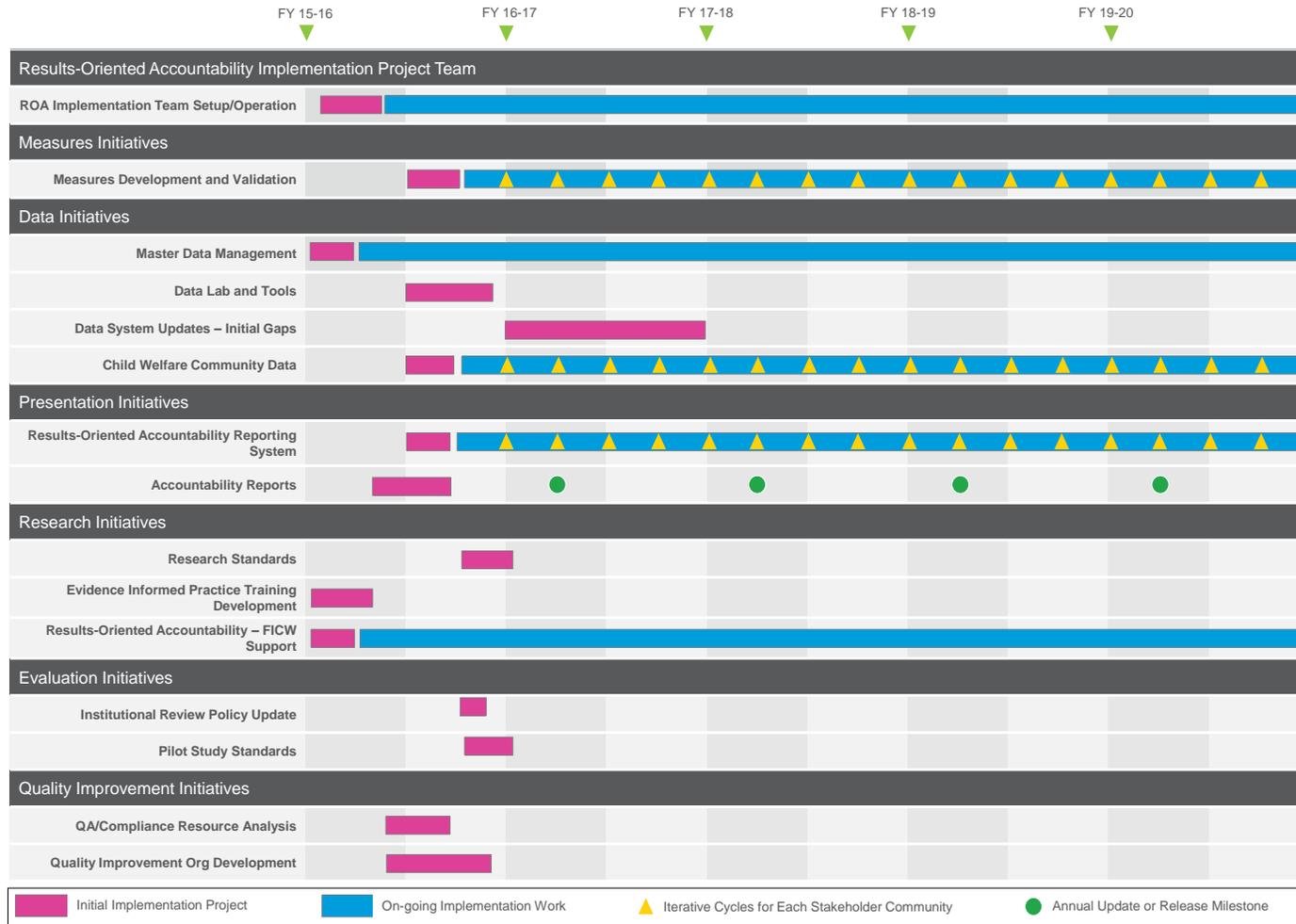

Exhibit 51: Program Roadmap

4.3   INITIATIVE DETAILS

This section includes individual initiative overviews listing goals, key tasks, risks, success factors, anticipated resources and budget impact. Major milestones are also listed, with the understanding dates and other attributes of the estimates may change as scope is refined prior to project initiation. All estimates are rough order of magnitude for planning purposes.

The need for Legislative Budget Requests (LBR) will be determined as DCF evaluates implementation options.

Initiative 1: Results-Oriented Accountability Implementation Project Team

Project Goals

- Implement the Program with the greatest positive impact at the least possible cost.
- Complete Program implementation within a reasonable time.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Assistant Secretary for Child Welfare
  - DCF Director of Program Quality and Performance Management
- **External:**
  - Providers
  - CBCs
  - Florida Institute for Child Welfare

Key Tasks

- Create Results-Oriented Accountability Implementation Project Team.
- Create Program Management processes.
- Develop Program Governance processes/procedures.
- Create and validate Program prioritization process.
- Develop detailed Program implementation master schedule.
- Engage project teams and execute prioritized initiatives.
- Manage and respond to risks affecting Program implementation.

Risks/Challenges

- Insufficient DCF staff to dedicate to the implementation impacts project schedule and objectives.
- Appropriation/budget levels are below minimum threshold to facilitate objective completion.
- Competing priorities mitigate focus.

Success Factors

- Program decisions are made using repeatable Governance and prioritization processes.
- Appropriate stakeholders are involved in Program implementation decisions.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - DCF and External Consultant Program Manager
- **Project Team:**
  - DCF Program Staff
  - DCF Program Management
  - Project Manager External
  - Program Manager External
  - FICW Resource(s)

Milestones

- 7/1/2015 – Internal Team Begins.
- 12/1/2015 - Program Processes Developed.
- 9/1/2020 – 5-Year Program Milestone, Implementation Team Tasks Complete.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 2: Measure Development and Validation

Initiative Goals

- Develop outcome measures and measure drivers for key system stakeholders.
- Provide additional data needed to help determine what is driving change in outcomes by capturing the activities across the Child Welfare process.
- Develop valid and reliable measures that exhibit integrity in measuring safety, permanency and well-being outcomes and test the effectiveness of new programs and services.
- Counterbalance measures to ensure there is no negative impact on outcomes.
- Set performance baselines and targets to serve as a starting point for Program implementation.

Key Tasks

For the 20 stakeholder groups comprising the Child Welfare Community:

- Conduct stakeholder focus groups/interviews to identify measures.
- Confirm measure validity and identify and address unintended consequences through research, data analysis and logic models.
- Develop calculation algorithms.
- Set performance baselines and targets.
- Pilot measures and make necessary adjustments based on results.
- Update relevant documentation (training manuals, processes, procedures, etc.).

Risks/Challenges

- There is limited evidence-based research to support validation of the measures.
- Other agency stakeholders not willing to engage because they see accountability for Child Welfare outcomes as a DCF responsibility.

Success Factors

- Stakeholders trust measures.
- Measures support informed, objective decision-making.
- Performance targets are clear.
- Stakeholders are able to interpret and use the measure data.
- Unintended consequences are mitigated.

Milestones

- It will take approximately 3 months to develop and validate measures for each of the 20 Child Welfare Community stakeholder groups, so every 3 months there will be a milestone for each iteration incorporating an additional stakeholder group. This iterative approach will also be used to integrate data and configure screens for the 20 Child Welfare Community stakeholder groups (Initiatives 9 and 10).

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Office of Child Welfare Staff
  - DCF Region Office CPI and QA Staff
- **External:**
  - All external stakeholders, including but not limited to: Children and Families, CBC Lead Agencies, Providers, Other State Agencies, Court and Legal System, Florida Institute for Child Welfare, Sheriff's Offices, Public

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF Performance Management Unit Staff
  - DCF Central / Region Office QA Unit Staff
  - CBC Lead Agency Staff
  - Other Stakeholder Group Staff
  - Florida Institute for Child Welfare
  - External Consultants
  - External IT

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 3: Master Data Management (MDM)

Project Goals

- Establish and implement procedures required to enable data quality, standardization and stewardship responsibilities of Results-Oriented Accountability child centric data across the Child Welfare Community.

Notes: The MDM team will manage the initiation of data sharing agreements with all of the various stakeholder communities.

Initiative 3 is a strategic data governance process. Initiative 10 involves the actual collection, cleansing and loading of ROA data.

Initiative 3 will be led by the OCW and managed by the Results-Oriented Accountability Program Implementation Project Team.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development (e.g. FSFN and Stakeholder IT Staff)

Key Tasks

- Define Master Data Management procedures and documentation.
- Establish initial data sharing agreements with stakeholder communities.
- Coordinate updates to data sharing agreements (e.g. when development teams provide detailed data requirements).
- Implement Master Data Management across Child Welfare Community.

Risks/Challenges

- Scope will expand to include all DCF (non ROA-related) MDM and stakeholders.

Success Factors

- Data governance is supported at the level needed.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Team Project Manager
- **Project Team:**
  - DCF Program Staff
  - External IT Staff

Milestones

- 1/1/16 – MDM Initiation.
- 7/1/16 – Procedures and Documentation Established.
- 7/1/16-7/1/20 – Ongoing MDM for incremental incorporation of stakeholder ROA data.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 4: Establishment of Data Lab and Tools

Project Goals

- Establish the Results-Oriented Accountability analytics hardware and software environment.

Note: This is only the establishment of the lab. Hardware, software, and research tasks are included in Initiative 15. Initiative 4 is led by DCF.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development
  - FICW

Key Tasks

- Establish Lab Tools:
  - Install and configure analytics software;
  - Test software installation and configuration;
  - Conduct knowledge transfer.

Risks/Challenges

- Timely procurement of hardware and software is essential for success.

Success Factors

- Data lab is operational and sufficiently robust to support the Program.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - Florida Institute for Child Welfare
  - External IT
  - External Consultant - Casey Family Programs

Milestones

- 1/1/16 – Initiative Start.
- 7/1/16 – Initiative Completion.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 5: Data System Updates for Initial Measurement Gaps

Project Goals

- Resolve gaps between the currently defined outcome measures and the availability of FSFN data required to calculate the measures.
  - *Initial Outcome Measure Data Gaps*: Educational Stability, School Attendance of Children in out-of-home care, School Performance of Children in Out-of-Home Care, Transition to Independent Living/Adulthood-Housing, Transition to Independent Living/Adulthood – Employment.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development

Key Tasks

- Each update will be performed based on the standard DCF development lifecycle (e.g. Analysis, Testing, Quality Assurance, Deployment) and standard DCF deliverables (e.g. application component, training and documentation deliverables).

Risks/Challenges

- Stakeholder understanding that measures are just a starting point is critical for success.
- There will be a time lag between the implementation of some data system updates and their effective use.

Success Factors

- Gaps in initial measures have been addressed.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - External IT Staff

Milestones

- 7/1/16 - Initiative Start.
- 6/30/17 – Initiative Completion.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 6: Accountability Reports

Project Goals

- Create transparency and accountability by facilitating timely and meaningful access to Program results.
- Ensure that reports are easy to use and do not require additional effort to interpret.
- Meet the Program-related information needs of all stakeholders.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Program Quality and Performance Management Team
- **External:**
  - Florida Legislature and Governor's Office
  - Judiciary
  - CBCs and Subcontractors
  - Community Providers
  - Families
  - Public

Key Tasks

- Conduct next level of Program information needs assessment for each stakeholder.
- Develop detailed report requirements.
- Create detailed report designs for review and approval by stakeholders.
- Develop report extracts, data transformation and presentation mechanisms.
- Test all reporting components.
- Develop and conduct end-user training.
- Deploy reports.
- Conduct ongoing updates.

Risks/Challenges

- Limited access to broader group of stakeholders may limit the ability to gather detailed report requirements.
- Ability to meet reporting requirements may be limited by lack of data in areas of interest.
- Engaging other agencies and stakeholders to provide data from their systems is complex and may impact project timelines.

Success Factors

- Stakeholders trust Program reports.
- Reports are clear and easy to use.
- Widespread use of Program data and reports.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF QI Staff - Subject Matter Expert (SME)
  - CBC QI Staff (SME)
  - Subcontractor Staff (SME)
  - External Child Welfare Experts (SME)
  - DCF IT

Milestones

- 10/1/16 - Report Requirements.
- 12/1/16 – Report Designs Complete.
- 3/15/16 – First Round Reports Complete.
- 10/1/16 – Annual Update.
- 10/1/17 - Annual Update.
- 10/1/18 - Annual Update.
- 10/1/19 - Annual Update.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 7: Quality Assurance/Compliance Resource Analysis

Project Goals

- Identify the best resource mix for supporting program objectives.
- Deploy resources to their highest value use.
- Increase the ability to collect and utilize qualitative data.
- Develop a better picture of the capacity of the system to engage in enhanced Quality Improvement activities.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Contract Monitoring Team
  - DCF Director of Program Quality and Performance Management

- **External:**
  - CBC QA Staff
  - Providers

Key Tasks

- Identify internal and external units conducting QA/QI and contract compliance activities (audits).
- Assess capacity to conduct case reviews and other QI activities.
- Assess external capacity/cost to conduct contract compliance reviews (audits).
- Develop recommendations regarding QI staffing.

Risks/Challenges

- Resistance to change current approach to deployment of resources could impede project success.
- In some areas compliance focus might outweigh outcomes focus, leading to lack of support for this project.

Success Factors

- Enhanced capacity to assess outcomes.
- Skilled resources are deployed to higher-value use.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF OCW Program Staff (SME)
  - DCF QA Manager (SME)
  - CBC Staff (SME)
  - External Child Welfare Experts (SME)
  - External Consultant Analyst

Milestones

- 10/1/16 – Analysis Begins.
- 12//15/15 – Capacity Assessment Complete.
- 1/15/16 – Recommendations complete.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 8: Quality Improvement Organization

Project Goals

- Create capacity within DCF to expand current Quality Assurance (QA) efforts into Quality Improvement (QI).
- Complete the implementation of an organization to oversee and manage the DCF components within the Results-Oriented Accountability Program, as well as managing relationships and workflow with other involved stakeholders.

Stakeholders

- **Internal:**
  - o DCF Executive Team
  - o DCF Director of Program Quality and Performance Management
- **External:**
  - o CBCs and Subcontractors
  - o Community Stakeholders
  - o Families

Key Tasks

- Assess Quality Improvement needs associated with the Program.
- Develop/modify QI Program Plan and procedures, to include Results-oriented Accountability functions.
- Develop QI Staffing Plan.
- Create role/position and appoint QI Director.
- Obtain QI staff to support Program operations, research, evaluation and QI functions.
- Develop and deliver QI Learning Org Training for Managers.
- Develop and Deliver QI/Learning Org Training for Line Staff and Stakeholders.

Risks/Challenges

- A lack of internal resources to conduct an objective analysis could lead to increased cost and schedule.
- Funding for additional QI resources is not available.
- Effecting a major culture change is difficult in the absence of an incentive/rewards structure.

Success Factors

- A "Learning Organization" culture is evident.
- Quality Improvement develops capacity to manage the Program and conduct true QI for the system.
- The organization leads and supports QI efforts across the system.

Team/Resources

- **Executive Sponsor(s):**
  - o DCF Secretary
  - o DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - o ROA Implementation Project Team Project Manager
- **Project Team:**
  - o DCF Director Program Quality and Performance Management
  - o DCF Assistant Secretary
  - o DCF Program Staff
  - o External Consultant Analysts

Milestones

- 1/1/16 – QI Needs Assessment.
- 3/1/16 – QI Procedures Update.
- 4/1/16 – 7/1/16 – Staffing Adjustments.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 9: Results-Oriented Accountability Reporting System

Project Goals

- Provide visibility into each of the Child Welfare Community participant's ROA perspectives of how they contribute to children's safety, permanency and well being. Will need to add Child Welfare Community-specific screens and reports (e.g., outcome measures and measure drivers into the DCF's existing measurement system).
- Complete technical development, documentation and training.
- Leverage existing DCF hardware and software.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development
  - ROA Stakeholders

Key Tasks

For the 20 stakeholder groups comprising the Child Welfare Community:

- Incorporate stakeholder data and screens into ROA Reporting System.
- Complete the typical development lifecycle: Analysis, Testing, QA, Deployment.

Risks/Challenges

- Data and application scope must be limited to just the stakeholder data related to ROA measures.
- ROA Reporting must balance transparency while safeguarding confidentiality.
- Resistance to ROA could limit Program success.

Success Factors

- ROA Reporting System is operational and actively used by the Child Welfare Community.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - External IT Staff

Milestones

- It will take approximately 3 months to develop and validate measures for each of the 20 Child Welfare Community stakeholder groups, so every 3 months there will be a milestone for each iteration incorporating an additional stakeholder group. Each iteration will include requirements definition, design, develop, test and implement phases. This iterative approach will also be used to integrate measures and data from the 20 Child Welfare Community stakeholder groups (Initiatives 2 and 10).

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 10: Child Welfare Community Data

Project Goals

- Complete FSFN System Adoption and establish user interface for non-SACWIS data captured at the local level.
- Incorporate measurement data from ROA Child Welfare Community stakeholders (including FSFN, QA Reporting System) into the ROA Reporting System.
  - Includes effort associated with technical development (e.g. interfaces and data warehouse), documentation and training.
  - Addresses identification and mitigation planning for ROA data integrity issues in FSFN. Originating system will be responsible for initial/ongoing cleansing of data provided.
  - Follows a typical development lifecycle: Analysis, Testing, QA, Deployment, Enable Data Security Safeguards.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development
  - ROA Stakeholders

Key Tasks

For the 20 stakeholder groups comprising the Child Welfare Community:

- Map data sources to ROA target fields.
- Provide data details for data sharing agreements.
- Develop Interfaces and data extraction tools.
- Configure data cleansing procedures and tools.
- Develop data transformation tools (e.g. reformatting or aggregating).

Risks/Challenges

- Data scope must be limited to just the stakeholder data related to ROA measures.
- Data quality issues may hamper establishing validity of data.

Success Factors

- Acceptable quality data is incorporated from entire Child Welfare Community.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - External IT

Milestones

- It will take approximately 3 months to develop and validate measures for each of the 20 Child Welfare Community stakeholder groups, so every 3 months there will be a milestone for each iteration incorporating an additional stakeholder group. This iterative approach will also be used to integrate measures and configure screens from the 20 Child Welfare Community stakeholder groups (Initiatives 2 and 9).

Budget Impact

- **Are external resources required?** TBD.
- **Will an LBR be necessary?** DCF to determine.

Initiative 11: Institutional Review Policy Update

Project Goals

- Develop a blanket Institutional Review Board (IRB) policy accepted/utilized by all institutions that are engaged to conduct research and evaluation on behalf of the Program.
- Ensure all Federal and DCF IRB requirements are met, regardless of entity engaged to conduct research or evaluation activities.

Stakeholders

- **Internal:**
  - o DCF Executive Team
  - o DCF Office of Child Welfare Assistant Secretary
  - o Program Staff
  - o Legal Staff
- **External:**
  - o Florida Institute for Child Welfare Leadership
  - o ICW Affiliated Institution Leadership

Key Tasks

- Facilitate review of IRB processes employed by the Florida Institute for Child Welfare (FICW) and affiliated Institutions.
- Determine the need for updates to DCF or FICW policy to ensure that all Federal and other requirements are met.
- Develop Program-specific procedures for engaging the IRB process, including any DCF workflows that are needed to ensure proper sign-off on all studies.

Risks/Challenges

- Potential for varying policies at the Institution level and lack of cooperation may create barriers to success.
- Resistance to use of experimental research in the Child Welfare environment may impede progress.

Success Factors

- Stakeholders trust Program intent.
- Widespread acceptance of the IRB process.

Team/Resources

- **Executive Sponsor(s):**
  - o DCF Secretary
  - o DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - o ROA Implementation Project Team Project Manager
- **Project Team:**
  - o DCF Program Staff
  - o External Child Welfare Experts
  - o FICW Staff

Milestones

- 4/1/16 – IRB Policy Review Begins.
- 5/30/16 – IRB Policy Agreement Across Institutions and DCF Completed.

Budget Impact

- **Are external resources required?** No.
- **Will an LBR be necessary?** DCF to determine.

Initiative 12: Research Standards

Project Goals

- Create clearly defined and implemented research and evaluation standards.
- Develop levels of evidence and obtain stakeholder agreement on their meaning and application.
- Implement systematic methodologies for research review.
- Develop a meta-analysis protocol to be consistently applied across research reviews.
- Create a consistent process to estimate research needs and budgets.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Program Quality and Performance Management Team
- **External:**
  - Providers
  - Families
  - Legislature
  - Public
  - Florida Institute for Child Welfare

Key Tasks

- Research and develop "Levels of Evidence" construct that is specific to Child Welfare, and to Florida.
- Research, test and implement a meta-analysis protocol that is employed for Research Reviews requiring meta-analysis of large numbers of target studies.
- Develop process for estimating research budgets.

Risks/Challenges

- Disagreement among stakeholders regarding methodology may require additional time to resolve.
- The perception that research is an academic activity (versus practice-related) may lead to reduced engagement by stakeholders, who are critical in this process.

Success Factors

- Research Reviews are consistently conducted.
- Research Results are reliable.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team Members:**
  - FICW Researchers and Statisticians
  - DCF QI Analysts
  - DCF QI Manager
  - DCF OCW Subject Matter Expert(s) (SMEs)

Milestones

- 4/16 – Project Begins.
- 5/16 – Levels of Evidence Developed.
- 6/16 – Meta-Analysis and Budgeting.

Budget Impact

- **Are external resources required?** No.
- **Will an LBR be necessary?** DCF to determine.

Initiative 13: Pilot Study Standards

Project Goals

- Create methodologies and approaches to ensure that pilots of interventions are completed consistently across the state.
- Develop and gain stakeholder acceptance of procedures for conducting pilot studies.
- Ensure that pilots are meaningful and represent impactful expenditure of funds.
- Create an atmosphere in which cooperation in pilots is received from all required providers in the state, regardless of geography or demographics.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Director of Program Quality and Performance Management
- **External:**
  - CBCs
  - Providers
  - Families
  - Florida Institute for Child Welfare

Key Tasks

- Jointly develop pilot study procedures with FICW.
- Assess and update CBC contracts to ensure contracts allow for pilots, including specific tenets to account for resource shifts, impacts to performance measures, etc. that are caused by pilot activities.
- Create standards for project management of pilot studies (both research/evaluation and service delivery components).
- Create protocols for staffing pilots, if current levels need to shift or expand to accommodate pilot studies.

Risks/Challenges

- Hesitance to get involved in true research activities due to pressure on current performance measures may lead to decreased cooperation from providers and CBCs.
- If contract changes are required to support true pilot studies, timeframes may be elongated.

Success Factors

- Pilot studies are easily implemented.
- Pilots are properly managed.
- Results are reliable and useful.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF OCW Leadership
  - DCF QI Director
  - FICW Researchers
  - FICW Leadership
  - CBC Leadership
  - Provider Representatives

Milestones

- 4/16 – Pilot Study Procedures.
- 6/16 - CBC Contract Analysis.
- 7/16 – Pilot Study Management Standards.
- 8/16 – Staffing Protocols Developed.

Budget Impact

- **Are external resources required?** No.
- **Will an LBR be necessary?** DCF to determine.

Initiative 14: Research and Evidence-Informed Practice Training Development

Project Goals

- Develop an understanding of the importance of DCF and Provider roles in supporting research and evaluation.
- Educate staff on the importance of using research-informed interventions.
- Create a culture in which stakeholders within the system incorporate research into decision-making.
- Impact the culture of the organization causing it to shift toward the use of evidence of the effectiveness of interventions as a basis for actions taken.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Program Staff
  - DCF Field Staff
- **External:**
  - CBC Staff
  - Provider Staff
  - Families

Key Tasks

- Conduct Needs Assessment to determine training requirements/objectives.
- Design Training/Strategy.
- Develop Training Materials.
- Implement Training Materials through FICW.
- Conduct Training Evaluation to Determine Effectiveness of training.
- Integrate Course into New Employee Curriculum., and other stakeholder training (Case Managers, CPI, GAL, Courts, Foster Parents, etc.).

Risks/Challenges

- Current practice is focused on compliance, not quality improvement, meaning a culture change might be difficult.
- There is limited time and capacity for staff to participate in training and related events.
- Other Program components must be available to support the change.

Success Factors

- Training is effective in communicating the intended message.
- Staff articulate importance of research in making intervention decisions.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF OCW Leadership
  - DCF QI Director
  - FICW Researchers
  - FICW Leadership
  - CBC Leadership
  - Provider Representatives
  - External Training Developer

Milestones

- 7/16 – Needs Assessment.
- 8/16 – Training Design.
- 10/16 – Train-the-Trainer.
- 11/16 – Integration with Standard Curricula (New Employee Orientation, etc.).

Budget Impact

- **Are external resources required?** TBD.
- **Will an LBR be necessary?** DCF to determine.

Initiative 15: Results-Oriented Accountability – FICW Support

Project Goals

This charter represents FICW activities required to support the Results-Oriented Accountability Program.

- Provide an ROA center of learning and act as ROA mentors in areas such as research, evidenced-based intervention (EBI) and ROA implementation optimization.
- Continuously improve outcome measures and measure drivers.
- Work with the Child Welfare Community to define and enforce ROA standards.
- Lead research of high impact intractable problems.
- Lead pilots which evaluate efficacy and effectiveness of experimental interventions.
- Perform ROA-related training across Child Welfare Community.

Stakeholders

- **Internal:**
  - o DCF Executive Team
  - o DCF IT
- **External:**
  - o FICW
  - o Child Welfare Community
  - o Casey Family Programs

Key Tasks

- Coordinate database administration.
- Advise ROA Portal Implementation Team.
- Perform data analysis.
- Perform data extracts, transforms and loads.
- Perform program research.
- Develop ROA policy and strategic design and Thought Leadership.
- Interface with DCF and develop ROA Program Strategy .
- Support ROA Implementation and Training.

Risks/Challenges

- ROA research could become a bottleneck for DCF. Need to exploit and extend existing DCF, research and EBI systems to accelerate ROA implementation.
- Child Welfare Community sees ROA as something the "lab" does, not something "we" do.

Success Factors

- FICW becomes a respected advisor to the Child Welfare Community.
- Recommendations are actionable, practical and tied to results.

Team/Resources

- **Executive Sponsor(s):**
  - o FICW Director
- **Project Manager:**
  - o FICW Project Manager
- **Project Team:**
  - o FICW Resources
    - ⁻ Database and IT Specialists
    - ⁻ ROA Support Analysts
    - ⁻ Data Scientists, and Analysts
    - ⁻ Researchers
    - ⁻ Policy SMEs

Budget Impact

- **Are external resources required?** No.
- **Will an LBR be necessary?** FICW to determine.

Milestones

- This initiative will start at the beginning of the Results-Oriented Accountability Program and continue throughout its entire duration.

SECTION 5   COST ANALYSIS

The Cost Analysis identifies the costs associated with the initiatives required for Program implementation as presented in section 4: Implementation Plan. This analysis quantifies the cost estimates required for initiative development and implementation across a five year implementation period. A five year implementation period was selected to balance the time required to implement a Program of this scope and complexity with risk of turnover in executive sponsorship which could impact the overall success of the implementation.

The cost analysis considers three implementation options:

- **Option One** - Baseline Program Implementation.
- **Option Two** - Effort Shift from External to Internal Resources.
- **Option Three** - Effort Shift from External to Internal Resources and Scope Reduction.

In the sections below, a brief overview of the cost model, estimating approach and assumptions are described and the cost estimates for Program implementation are presented.

5.1   COST MODEL

For each of the three implementation options, a cost model has been created for the 15 individual initiatives identified in section 4: Implementation Plan. The cost model captures five-year projections of costs, including the following major cost elements:

- Labor.
- Contracted Services.
- Hardware.
- Software.
- Facilities.

The cost model reflects the total estimated cost of implementing the initiatives and does not factor in existing resources DCF or the other stakeholders may apply to the implementation. *As such, the total cost of implementation does not represent an estimated budget request.*

To calculate the cost of implementing an initiative, the model applies standard variables such as a weekly labor and facilities cost rates to the estimated labor (in full-time equivalents) and duration (in weeks) required to complete the initiative tasks. In addition to labor and facilities costs, the estimated costs associated with hardware and software purchases, hardware maintenance and license renewals are included for applicable initiatives. Section 5.3: Assumptions provides the standard variables and assumptions used in the cost model.

The cost models used to develop the implementation costs for the three Program implementation options have been provided separately as electronic Microsoft Excel files.

5.2 ESTIMATING APPROACH

The cost estimates were developed based on an understanding of and experience with implementation of the planned technical and programmatic scope of work for each initiative. Project charters outlining the scope for the initiatives are provided in section 4.3: Initiative Details. Based on an assessment of the scope of work defined in the initiative charters, an estimate of the required resources (labor, facilities, hardware and software) was developed. Expected schedule durations and constraints and the needed skill sets were considered.

In addition to expert judgment and experience, historical cost information, actual cost data from similar efforts, and third party estimates were used as inputs to develop the estimates. Examples include parameters such as the ratio of project managers to project staff and rates such as the facilities cost per resource and labor cost per hour. Development costs were estimated using the standard FSFN cost model provided by DCF.

The overall Program is designed to be implemented incrementally across each of the Child Welfare Community stakeholders (e.g., DCF, CBC lead agencies, other state agencies, providers, courts, etc.). The effort associated with implementing the solution for each incremental stakeholder group will vary based on the breadth of the user community and data involved. Stakeholder iteration implementation ratings were applied to factor in the level of complexity into the effort estimation process, as described below in section 5.3.5: Iterative Implementation.

5.3 ASSUMPTIONS

The following assumptions were used to develop the cost estimates.

5.3.1 GENERAL

General assumptions applied across all of the initiative cost estimates are presented in **Exhibit 52: General Assumptions**.

ITEM	VALUE
Hours Per Year	2080
Hours Per Week	40
Weeks Per Year	52
Ratio of Project Managers to Project Staff	1:32
Ratio of Program Managers to Project Managers	1:8
Inflation Rate	1.5%

ITEM	VALUE
Facilities Space Year One - Cost Per Resource*	$10,093
Facilities Space Year One - Additional Cost Per Resource*	$4,154
Facilities Space - Cost Per Resource*	$5,939
Facilities Space - Internal Resources Cost*	$344

* The cost of facilities per resource is assumed to include hardware, software, IT support and maintenance, furniture and supplies.

Exhibit 52: General Assumptions

5.3.2 STAFFING

A description of the human resources and labor rates used to develop the cost estimates are presented below in **Exhibit 53: Staff and Labor Rates**. Also, the designation of the resource as internal or external is provided. For the purpose of the cost analysis, only contracted services staff are considered external resources – all other staff (such as DCF, CBC lead agency, FICW, Other Stakeholders, etc.) are considered internal. Contracted services staff considered in the development of the initiative implementation cost estimates include IT consultants, management consultants and Child Welfare subject matter experts.

RESOURCE DESCRIPTION	TYPE	HOURLY RATE	WEEKLY RATE	COMMENTS
DCF Program Management, DCF Project Management and DCF Office of Child Welfare (Program) Staff	Internal	$44.40	$1,776	Based on average salary of $92,347.
DCF IT Staff	Internal	$47.12	$1,885	Based on average salary of $98,017.
DCF Director of Program Quality and Performance Management (new position)	Internal	$48.08	$1,923	Based on average salary of $100,000.
CBC Lead Agency Staff	Internal	$44.40	$1,776	Based on DCF Child Welfare Program Office Staff rate.
Florida Institute for Child Welfare Staff	Internal	$47.25	$1,890	Based on average salary of $98,292.
Other Stakeholders – Program Staff	Internal	$44.40	$1,776	Based on DCF Child Welfare Program Office Staff rate.
Other Stakeholders – IT Staff	Internal	$47.12	$1,885	Based on DCF IT Staff rate.

RESOURCE DESCRIPTION	TYPE	HOURLY RATE	WEEKLY RATE	COMMENTS
External Consultant (includes contracted SMEs)	External	$180.00	$7,200	Based on the average of Senior Consultant and Consultant position rates for 12 vendors on the Management Consulting State Term Contract.
External IT Consultant	External	$110.00	$4,440	Based on the DCF standard rate for external IT resources.
External Project Manager	External	$225.00	$9,000	Based on industry experience.
External Program Manager	External	$275.00	$11,000	Based on industry experience.

Exhibit 53: Staff and Labor Rates

5.3.3 HARDWARE

The hardware cost estimate to establish the data lab is included in Initiative 15: Results-Oriented Accountability – FICW Support and uses the following server specifications:

- 2 core processor.
- 1.66 GHz or higher.
- Minimum 10 GB of RAM.
- Minimum 2Tb of disk space.

Based on the implementation of the Program to an increasing number of stakeholder groups each year, hardware costs are estimated to increase by $10,000 per year. Annual hardware support costs are estimated at 20 percent of total hardware cost.

5.3.4 SOFTWARE

The software licensing and renewal cost estimate to establish the data lab is included in Initiative 15: Results-Oriented Accountability – FICW Support and uses the following user profiles and counts:

- System Administrator: 1.
- Report Dashboard Authors: 10.
- External Power Users: 70.
- External Standard Users: 100.

Based on the implementation of the Program to an increasing number of stakeholder groups each year, software licensing costs are estimated to increase by $100,000 per year. Annual software licensing renewal costs are estimated at 20 percent of total software cost.

5.3.5 ITERATIVE IMPLEMENTATION

The iterative implementation approach described in section 4.1: Implementation Overview is reflected in the cost estimates developed for the following initiatives:

- Initiative 2 - Measure Development and Validation.
- Initiative 9 - Results-Oriented Accountability Reporting System.
- Initiative 10 - Child Welfare Community Data.

This approach assumes implementation of these initiatives to individual stakeholder groups in three month cycles across the five year implementation period. For Options One and Two of the cost analysis, 20 stakeholder groups are included in the implementation. For Option Three, which reduces the Program scope, only 10 stakeholder groups are included in the implementation.

Initiatives to establish Child Welfare Community data and the Results-Oriented Accountability Reporting System (Initiatives 9 and 10) also utilize assumptions regarding the complexity of implementing these initiatives for the various stakeholder communities. The complexity impacts the level of effort, estimated in FTEs, required to complete the initiative tasks. The complexity assumption for each stakeholder group is indicated by its Effort Rating, which is presented below in **Exhibit 54: Stakeholder Iteration Complexity.**

STAKEHOLDER	EFFORT RATING	COMMENTS
Advocate Groups	High	High, because of data interface and master data management requirements.
Children and Families	High	High, based on significance and novelty of design work.
Children's Legal Services	High	High, based on significance and broad role of work.
Community-Based Care Lead Agencies	Extra High	Extra High, because of data sharing and master data management requirements.
Community Representatives	Medium	Medium, because of master data management requirements, could be higher if data interfaces are required.
Court and Legal Community	High	High, because of data interface requirements.
Elected Officials	High	High, challenge is to move beyond standard dashboards.
Florida Agency for Health Care Administration (AHCA)	High	High, because of data sharing requirements.
Florida Agency for Persons with Disabilities (APD)	High	High, because of data sharing requirements.
Florida Department of Children and Families (DCF)	High	High, due to central role in Program implementation.

STAKEHOLDER	EFFORT RATING	COMMENTS
Florida Department of Education (DOE)	High	High, because of data sharing requirements.
Florida Department of Health (DOH)	High	High, because of data sharing requirements.
Florida Department of Juvenile Justice (DJJ)	High	High because of data sharing requirements.
Florida Institute for Child Welfare	Medium	Medium, minimal new data sharing.
Foster/Adoptive Parents and Relative Caregivers	Medium	Medium, data entry and reporting with drill down, no new data interfaces.
Law Enforcement Agencies	High	High, because of data interface requirements.
Service Providers	Extra High	Extra High, because of diversity and master data management requirements.
Sheriff's Offices	High	High, because of data interface and master data management requirements.
Tribes	Medium	Medium, minimal interfaces required.

Exhibit 54: Stakeholder Iteration Complexity

5.3.6 RESULTS-ORIENTED ACCOUNTABILITY IMPLEMENTATION PROJECT TEAM

Initiative 1 establishes the Results-Oriented Accountability Implementation Project Team, or Program Management Office (PMO), to manage the Program implementation. The costs associated with providing program and project management for Initiatives 1 through 14 are included in the cost estimate for this initiative as well as the cost of performing organizational change management (OCM). OCM focuses on the people side of change and will help to ensure the successful adoption of the new business processes and cultural shift associated with the implementation and ongoing operation of the Program. Therefore, with the exception of Initiative 15, the costs associated with these activities are not included in the cost estimates for the individual initiatives. For Initiative 15, which uses only FICW resources, the cost model assumes program and project management will be performed by FICW and is included within the cost estimate for Initiative 15.

As shown in **Exhibit 52: General Assumptions,** the estimated number of project and program managers required for the Program implementation is based on a ratio of one project manager for every 32 project staff (excluding Initiative 15) and a ratio of one program manager for every 8 project managers, rounding up to a full time equivalent.

5.3.7 CHILD WELFARE COMMUNITY DATA

The costs associated with the implementation of Initiative 10: Child Welfare Community Data are based on the following assumptions:

- Data cleansing and data transformation will occur within this initiative.
- Initiation of data sharing agreements will occur within Initiative 3: Master Data Management.

5.3.8 REPORTING SYSTEM REUSE

Initiative 9: Results-Oriented Accountability Reporting System assumes a reuse factor of 25 percent of existing screens and measure calculations to leverage for implementation of this initiative.

5.4 COST ANALYSIS RESULTS

The cost analysis considered three implementation options:

- **Option One** - Baseline Program Implementation.
- **Option Two** - Effort Shift from External to Internal Resources.
- **Option Three** - Effort Shift from External to Internal Resources and Scope Reduction.

Summary cost estimates by initiative for these options are presented in the sections below. In addition to the cost estimates, the level of effort in person years has been provided for each initiative. More detailed cost estimate data for all three options is provided in the following electronic files:

- **Option One** - 20150126-DCF23-ROA-Pgm-Cost-Model-Opt1_v3_0.
- **Option Two** - 20150126-DCF23-ROA-Pgm-Cost-Model-Opt2_v3_0.
- **Option Three** - 20150126-DCF23-ROA-Pgm-Cost-Model-Opt3_v3_0.

5.4.1 OPTION ONE: BASELINE PROGRAM IMPLEMENTATION

Exhibit 55: Program Implementation Cost Estimate – Option One presents the cost and effort estimate for Option One: Baseline Program Implementation. Option One considers a baseline implementation scope and internal to external resource mix. The total cost for Option One is $46,743,150. Effort is presented in terms of person years.

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
1: Results-Oriented Accountability Implementation Project Team	$1,750,248	7.2	$1,754,044	6.0	$1,780,354	6.0	$1,563,024	5.0	$1,586,469	5.0	$8,434,139
2: Measure Development and Validation	$1,009,350	7.0	$960,115	6.5	$974,517	6.5	$989,134	6.5	$1,003,971	6.5	$4,937,087
3: Master Data Management	$580,575	3.0	$576,635	3.0	$585,284	3.0	$594,063	3.0	$602,974	3.0	$2,939,532
4: Data Lab and Tools	$0	0.0	$705,648	4.0	$0	0.0	$0	0.0	$0	0.0	$705,648
5: Data System Updates for Initial Measurement Gaps	$1,672,251	7.0	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$1,672,251
6: Accountability Reports	$266,237	1.5	$51,927	0.3	$52,706	0.3	$53,497	0.3	$54,299	0.3	$478,667
7: Quality Assurance/Compliance Resource Analysis	$156,092	0.7	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$156,092
8: Quality Improvement Organization	$397,032	2.0	$107,877	1.0	$109,495	1.0	$111,138	1.0	$112,805	1.0	$838,347
9: Results-Oriented Accountability Reporting System	$1,368,150	5.7	$1,363,374	5.7	$1,383,825	5.7	$1,404,582	5.7	$1,425,651	5.7	$6,945,583

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
10: Child Welfare Community Data	$1,212,769	5.1	$1,209,879	5.1	$1,228,027	5.1	$1,246,448	5.1	$1,265,144	5.1	**$6,162,267**
11: Institutional Review Policy Update	$64,029	0.3	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$64,029**
12: Research Standards	$39,120	0.4	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$39,120**
13: Pilot Study Standards	$70,801	0.7	$14,408	0.2	$0	0.0	$0	0.0	$0	0.0	**$85,209**
14: Research and Evidence-Informed Practice Training Development	$147,954	0.6	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$147,954**
15: Results-Oriented Accountability – FICW Support	$1,822,898	13.5	$2,769,318	24.0	$2,787,362	24.0	$2,848,142	24.0	$2,909,505	24.0	**$13,137,225**
Total	**$10,557,506**	**54.7**	**$9,513,225**	**55.8**	**$8,901,571**	**51.6**	**$8,810,029**	**50.6**	**$8,960,819**	**50.6**	**$46,743,150**

Exhibit 55: Program Implementation Cost Estimate – Option One

The total effort, as described in person years, by key stakeholder group is summarized for the five year implementation period in **Exhibit 56: Program Implementation Effort by Stakeholder Group – Option One**.

	FY 15-16	FY16-17	FY 17-18	FY 18-19	FY 19-20
STAKEHOLDER GROUP	**EFFORT**	**EFFORT**	**EFFORT**	**EFFORT**	**EFFORT**
DCF OCW, IT, Program Management, Project Management, Director of Program Quality and Performance Management	8.6	5.7	5.7	5.2	5.2
CBC Lead Agency, Other Stakeholders Program and IT	3.1	2.1	2.0	2.0	2.0
FICW	16.8	28.8	26.8	26.8	26.8
External Consultants / SMEs, IT Consultants, Program Management, Project Management	26.2	19.1	17.1	16.6	16.6
Total	**54.7**	**55.8**	**51.6**	**50.6**	**50.6**

Exhibit 56: Program Implementation Effort by Stakeholder Group – Option One

5.4.2 OPTION TWO: EFFORT SHIFT FROM EXTERNAL TO INTERNAL RESOURCES

Option Two: Effort Shift from External to Internal Resources shifts 50 percent of the work effort assigned to external resources to DCF staff for Initiatives 2 through 14, as applicable given the availability of the required skills within the current DCF organization. **Exhibit 57: Program Implementation Cost Estimate – Option Two** presents the cost and effort estimate for Option Two. The total cost for Option Two is $45,835,179 which represents a decrease in cost of $907,971 from Option One: Baseline Program Implementation due to the difference in the cost rate between internal DCF staff and external resources. Effort is presented in terms of person years.

| INITIATIVE | FY 15-16 | | FY16-17 | | FY 17-18 | | FY 18-19 | | FY 19-20 | | TOTAL |
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST
1: Results-Oriented Accountability Implementation Project Team	$1,750,248	7.2	$1,754,044	6.0	$1,780,354	6.0	$1,563,024	5.0	$1,586,469	5.0	**$8,434,139**
2: Measure Development and Validation	$893,510	7.0	$846,732	6.5	$859,433	6.5	$872,325	6.5	$885,410	6.5	**$4,357,410**
3: Master Data Management	$580,575	3.0	$576,635	3.0	$585,284	3.0	$594,063	3.0	$602,974	3.0	**$2,939,532**
4: Data Lab and Tools	$0	0.0	$705,648	4.0	$0	0.0	$0	0.0	$0	0.0	**$705,648**
5: Data System Updates for Initial Measurement Gaps	$1,672,251	7.0	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$1,672,251**
6: Accountability Reports	$206,573	1.5	$34,349	0.3	$34,864	0.3	$35,387	0.3	$35,918	0.3	**$347,093**
7: Quality Assurance/Compliance Resource Analysis	$111,812	0.7	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$111,812**
8: Quality Improvement Organization	$306,500	2.0	$107,877	1.0	$109,495	1.0	$111,138	1.0	$112,805	1.0	**$747,815**
9: Results-Oriented Accountability Reporting System	$1,368,150	5.7	$1,363,374	5.7	$1,383,825	5.7	$1,404,582	5.7	$1,425,651	5.7	**$6,945,583**
10: Child Welfare Community Data	$1,212,769	5.1	$1,209,879	5.1	$1,228,027	5.1	$1,246,448	5.1	$1,265,144	5.1	**$6,162,267**
11: Institutional Review Policy Update	$47,757	0.3	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$47,757**
12: Research Standards	$39,120	0.4	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$39,120**

	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		
INITIATIVE	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	TOTAL COST
13: Pilot Study Standards	$70,801	0.7	$14,408	0.2	$0	0.0	$0	0.0	$0	0.0	**$85,209**
14: Research and Evidence-Informed Practice Training Development	$102,318	0.6	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$102,318**
15: Results-Oriented Accountability - FICW	$1,822,898	13.5	$2,769,318	24.0	$2,787,362	24.0	$2,848,142	24.0	$2,909,505	24.0	**$13,137,225**
Total	**$10,185,282**	**54.7**	**$9,382,264**	**55.8**	**$8,768,646**	**51.6**	**$8,675,110**	**50.6**	**$8,823,876**	**50.6**	**$45,835,179**

Exhibit 57: Program Implementation Cost Estimate – Option Two

The total effort, as described in person years, by key stakeholder group is summarized for the five year implementation period in **Exhibit 58: Program Implementation Effort by Stakeholder Group – Option Two**.

STAKEHOLDER GROUP	FY 15-16 EFFORT	FY16-17 EFFORT	FY 17-18 EFFORT	FY 18-19 EFFORT	FY 19-20 EFFORT
DCF OCW, IT, Program Management, Project Management, Director of Program Quality and Performance Management	9.9	6.1	6.1	5.6	5.6
CBC Lead Agency, Other Stakeholders Program and IT	3.1	2.1	2.0	2.0	2.0
FICW	16.8	28.8	26.8	26.8	26.8
External Consultants / SMEs, IT Consultants, Program Management, Project Management	24.9	18.7	16.7	16.2	16.2
Total	**54.7**	**55.8**	**51.6**	**50.6**	**50.6**

Exhibit 58: Program Implementation Effort by Stakeholder Group – Option Two

5.4.3 OPTION THREE: EFFORT SHIFT FROM EXTERNAL TO INTERNAL RESOURCES AND SCOPE REDUCTION

Option Three: Effort Shift from External to Internal Resources and Scope Reduction shifts 50 percent of the work effort assigned to external resources to DCF staff for Initiatives 2 through 14, as applicable given the availability of the required skills within the current DCF organization. In addition, this option also reduces the number of stakeholder communities for which measures will be developed and reported from twenty to ten. This reduction in scope impacts the level of effort and cost associated with Initiatives 2, 9 and 10.

Exhibit 59: Program Implementation Cost Estimate – Option Three presents the cost and effort estimate for Option Three. The total cost for Option Three is $37,116,430 which represents a decrease in cost of $9,626,720 from Option One: Baseline Program Implementation due to the difference in the cost rate of internal DCF staff and external resources as well as the 50 percent reduction in the number of stakeholder groups included in the Program implementation. Effort is presented in terms of person years.

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
1: Results-Oriented Accountability Implementation Project Team	$1,750,248	7.2	$1,754,044	6.0	$1,780,354	6.0	$1,563,024	5.0	$1,586,469	5.0	**$8,434,139**
2: Measure Development and Validation	$481,679	3.9	$413,975	3.3	$420,184	3.3	$426,487	3.3	$432,885	3.3	**$2,175,210**
3: Master Data Management	$580,575	3.0	$576,635	3.0	$585,284	3.0	$594,063	3.0	$602,974	3.0	**$2,939,532**
4: Data Lab and Tools	$0	0.0	$705,648	4.0	$0	0.0	$0	0.0	$0	0.0	**$705,648**
5: Data System Updates for Initial Measurement Gaps	$1,672,251	7.0	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$1,672,251**
6: Accountability Reports	$206,573	1.5	$34,349	0.3	$34,864	0.3	$35,387	0.3	$35,918	0.3	**$347,093**

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
7: Quality Assurance/Compliance Resource Analysis	$111,812	0.7	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$111,812**
8: Quality Improvement Organization	$306,500	2.0	$107,877	1.0	$109,495	1.0	$111,138	1.0	$112,805	1.0	**$747,815**
9: Results-Oriented Accountability Reporting System	$684,075	2.9	$681,687	2.9	$691,913	2.9	$702,291	2.9	$712,826	2.9	**$3,472,791**
10: Child Welfare Community Data	$611,431	2.5	$607,954	2.5	$617,073	2.5	$626,329	2.5	$635,724	2.5	**$3,098,510**
11: Institutional Review Policy Update	$47,757	0.3	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$47,757**
12: Research Standards	$39,120	0.4	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$39,120**
13: Pilot Study Standards	$70,801	0.7	$14,408	0.2	$0	0.0	$0	0.0	$0	0.0	**$85,209**
14: Research and Evidence-Informed Practice Training Development	$102,318	0.6	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$102,318**
15: Results-Oriented Accountability – FICW Support	$1,822,898	13.5	$2,769,318	24.0	$2,787,362	24.0	$2,848,142	24.0	$2,909,505	24.0	**$13,137,225**
Total	**$8,488,038**	**46.3**	**$7,665,894**	**47.1**	**$7,026,530**	**42.9**	**$6,906,862**	**41.9**	**$7,029,105**	**41.9**	**$37,116,430**

Exhibit 59: Program Implementation Cost Estimate – Option Three

The total effort, as described in person years, by key stakeholder group is summarized for the five year implementation period in **Exhibit 60: Program Implementation Effort by Stakeholder Group – Option Three**.

	FY 15-16	FY16-17	FY 17-18	FY 18-19	FY 19-20
STAKEHOLDER GROUP	EFFORT	EFFORT	EFFORT	EFFORT	EFFORT
DCF OCW, IT, Program Management, Project Management, Director of Program Quality and Performance Management	9.4	5.7	5.6	5.1	5.1
CBC Lead Agency, Other Stakeholders Program and IT	2.3	1.1	1.0	1.0	1.0
FICW	15.5	27.4	25.4	25.4	25.4
External Consultants / SMEs, IT Consultants, Program Management, Project Management	19.1	12.9	10.9	10.4	10.4
Total	**46.3**	**47.1**	**42.9**	**41.9**	**41.9**

Exhibit 60: Program Implementation Effort by Stakeholder Group – Option Three

5.5 RISK ANALYSIS OF IMPLEMENTATION OPTIONS

All three options evaluated are complex and challenging. Implementation timelines are measured in years (not weeks or months) and require significant resources invested to achieve successful completion. Because of their complexity and breadth, the options share many of the same risks but differ in the likelihood and severity of impact of each of the risks. **Exhibit 61: Implementation Option Risk Analysis** highlights the common risks which may be encountered during the implementation regardless of the selected option along with the likelihood and severity of impact of each of the risks. Each option was given a score of High, Medium or Low for each risk based on the likelihood of occurrence for each risk. For scoring purposes High = 3 points, Medium = 2 points, and Low = 1 point. The average points for each option are then calculated.

RISK	OPTIONS CONSIDERED		
	OPTION 1: BASELINE PROGRAM IMPLEMENTATION	OPTION 2: EFFORT SHIFT FROM EXTERNAL TO INTERNAL RESOURCES	OPTION 3: EFFORT SHIFT FROM EXTERNAL TO INTERNAL RESOURCES AND SCOPE REDUCTION
Loss of political / executive sponsorship	Medium	Medium	Medium
DCF funding not available	High	High	Medium
FICW funding not available	Medium	Medium	Medium
DCF resources with the required skill set for initiative implementation not available	Low	Medium	Medium
Lack of Child Welfare Community buy-in and support	Medium	Medium	Medium
Lack of data standardization	High	High	Medium
Data quality / data cleansing issues	High	High	Medium
Average Risk Score	**2.3**	**2.4**	**2.0**

Exhibit 61: Implementation Option Risk Analysis

Based on the analysis, Option 1 and Option 2 scored 2.3 and 2.4, respectively. Option 3 scored 2.0, which is the lowest risk score of the three options. The reduced scope and lower cost of Option 3 reduced risk across the following items:

- DCF funding not available.
- Lack of data standardization.
- Data quality/data cleansing issues.

5.6   CONCLUSION

By establishing the Results-Oriented Accountability Program, the 2014 Florida Legislature founded a key mechanism for extensive advancement of the Child Welfare system. As demonstrated in this Plan, an emphasis on research and evidence-informed actions and interventions should improve outcomes for children served by the Child Welfare Community.

The Results-Oriented Accountability Program represents a significant investment in the future of Florida's children by implementing a system of accountability built on the shared efforts of the stakeholders across the Child Welfare Community. The Program will identify practices to improve outcomes based on well-designed studies by the FICW, and will broaden the base of research and evidence for interventions. Connecting well-designed studies, focused research, and policy and practice changes should lead to better outcomes for children, development of stronger partnerships among stakeholders and a more proactive Child Welfare system. Success requires a cultural shift across the Child Welfare Community, with major changes in the assessment of performance of the system and the actions taken when outcomes do not meet expectations. In other words, the culture shifts from an incident driven reactionary workforce to an evidence-based workforce.

Implementation of the Results-Oriented Program Plan represents a positive step toward achieving significant improvement in outcomes for Florida's children.

Attachments

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SECTION 6   ATTACHMENTS

This section includes any attachments required to support the Program Plan.

6.1   OUTCOME MEASURE BASIS FOR SELECTION

The articles, academic papers and other research sources documented below provide a basis for selection of the outcome measures presented in section 3.1.8.3: Results-Oriented Accountability Program Outcome Measures.

6.1.1   SAFETY

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Referenced Sources:

Child Maltreatment Recurrence: Supplement to the Briefing Paper on Child Maltreatment Recurrence. A Leadership Initiative of the National Resource Center on Child Maltreatment. National Resource Center on Child Maltreatment.

Goldman, J., Salus, M. K., Wolcott, D., Kennedy, K. Y. 2003. A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice. Office on Child Abuse and Neglect, Children's Bureau.

Goldman, J., Salus, M. K., Wolcott, D., Kennedy, K. Y. 2003. What are the consequences of child abuse and neglect? In a coordinated response to child abuse and neglect: The foundation for practice (pp. 35–38). Washington DC: Department of Health and Human Services.

Hickman, L., Jaycox, L., Messan Setodji, C., Kofner, A., Schultz, D., Barnes-Proby, D., Harris, R. Assessing the Relationship Between Children's Lifetime Exposure to Violence and Trauma Symptoms, Behavior Problems, and Parenting Stress. Journal of Interpersonal Violence, v. 28, no. 6, Apr. 2013, p. 1338-1362.

Loman, L. Anthony. Families Frequently Encountered by Child Protection Services: A Report on Chronic Child Abuse and Neglect. February 2006. A Report of the Institute of Applied Research. St. Louis, Missouri.

Series: Grantee Lessons Learned. 2003. Children's Bureau (DHHS), Washington, DC.

US Children's Bureau, In-Home Services Issue Brief. March 2014.

US Children's Bureau, Report to Congress 2009-2012.

Safety Outcome 2/3: Children are safely maintained in their homes if possible and appropriate / Services are provided to protect children and prevent their removal from the home

<u>Referenced Sources:</u>

Hickman, L., Jaycox, L., Messan Setodji, C., Kofner, A., Schultz, D., Barnes-Proby, D., Harris, R. 2013. Assessing the Relationship Between Children's Lifetime Exposure to Violence and Trauma Symptoms, Behavior Problems, and Parenting Stress. Journal of Interpersonal Violence, v. 28, no. 6, p. 1338-1362.

Goldman, J., Salus, M. K., Wolcott, D., Kennedy, K. Y. 2003. A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice. Office on Child Abuse and Neglect, Children's Bureau.

Series: Grantee Lessons Learned. 2003. Children's Bureau (DHHS), Washington, DC.

Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

US Children's Bureau. In-Home Services Issue Brief. March 2014.

6.1.2 PERMANENCY

Permanency Outcome 1: Children have permanency and stability in their living arrangements

<u>Referenced Sources:</u>

Barth, R. P. June 2002. Chapel Hill, NC. Institutions vs. foster homes: The empirical base for the second century of debate. University of North Carolina School of Social Work, Jordan Institute for Families.

Child Welfare Information Gateway. 2012. Supporting reunification and preventing reentry into out-of-home care. Washington, DC. U.S. Department of Health and Human Services, Children's Bureau.

Conger, V., Rebeck, A. How Children's Foster Care Experiences Affect Their Education. December 2001. New York, NY. Vera Institute of Justice.

Courtney, M., Terao, S., Bost, N. 2004. Chicago, IL. Executive Summary - Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care. Chapin Hall Center for Children at the University of Chicago.

Courtney, M., Roderick, M., Smithgall, C., Gladden, R., Nagaoka, J. December 2004. Chicago, IL. The Educational Status of Foster Children. Chapin Hall Center for Children at the University of Chicago.

Dolan, M., Casanueva, C., Smith, K., & Ringeisen, H. February 2013. NSCAW Child Well-Being Spotlight: More than One Quarter of Children Placed Out of Home Experience Placement Disruption in the First 18 Months After a Maltreatment Investigation. OPRE Report #2013-05, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Hatton, H., Brooks, S. November 2008. Davis, CA. Preventing Re-entry into the Child Welfare System A Literature Review of Promising Practices. Northern California Training Academy.

Joftus, S. Educating Children in Foster Care: The McKinney-Vento and No Child Left Behind Acts. 2007. Seattle, WA. Casey Family Programs.

Jones Harden, B. Safety and Stability for Foster Children: A Developmental Perspective. Children, Families and Foster Care. Volume 14, Number 1. The Future of Children.org.

Moving in the Right Direction: More Kids in Families. May 2011. Baltimore, MD. Data Snapshot on Foster Care Placement. KidsCount, a project of the Annie E. Casey Foundation.

National Conference of State Legislatures. May 2010. Washington, DC. State Progress Toward Child Welfare Improvement Findings from Fiscal Years 2007 and 2008 of the Child and Family Service Reviews.

National Working Group on Foster Care and Education. December 2008. Fact Sheet: Educational Outcomes for Children and Youth in Foster Care and Out-of-Home Care.

National Working Group on Foster Care and Education. July 2011. Education is the Lifeline for Youth in Foster Care.

Roller White, C., Corwin, T., Buher, A., O'Brien, K. August 2013. Seattle, WA. The Multi-Site Accelerated Permanency Project Technical Report 12-Month Permanency Outcomes. Casey Family Programs.

Semanchin Jones, A., LaLiberte, T. February 2010. Hennepin-University Partnership (HUP) Re-entry to Foster Care Report. Center for Advanced Studies in Child Welfare, University of Minnesota College of Education and Human Development.

Shaw, T., Webster, D. 2011. A Matter of Time: The Importance of Tracking Reentry Into Foster Care Beyond One Year After Reunification. Journal of Public Child Welfare, 5:5, 501-520.

Sudol, T., December 2009. Placement Stability Information Packet. National Resource Center for Permanency and Family Connections. A Service of Children's Bureau/ACF/DHHS.

Retrieved from:
http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Placement_Stability_Info_Pack.html

Testa, M., Ryan, J. March 2005. Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. Children and Youth Services Review. Volume 27, Issue 3.

The Center for State Child Welfare Data, Chapin Hall at the University of Chicago. May 2014. Webinar Recap: CFSR Reviews — Measures and Methods. Retrieved from: https://fcda.chapinhall.org/permanency/recap-cfsr-reviews-measures-methods/.

US Department of Health and Human Services Administration for Children and Families Administration for Children, Youth and Families Children's Bureau. August 2013. Child Welfare Outcomes 2008-2011 Report to Congress.

Permanency Outcome 2: Family relationships and connections are preserved for children

Referenced Sources:

Child Welfare Information Gateway. January 2013. Washington, DC. Sibling Issues In Foster Care and Adoption. US Department of Health and Human Services, Children's Bureau.

Fostering Connections Act: Sibling Placement Provision Chart. National Conference of State Legislatures. http://www.ncsl. Org/research/human-services. Retrieved November 19, 2014.

Kernan, E. October-December 2005. Keeping Siblings Together: Past, Present, and Future. National Center for Youth Law. Youth Law News.

6.1.3 WELL-BEING

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Referenced Sources:

McCroskey, J., Meezan, W. 1998.Family-Centered Services: Approaches and Effectiveness. The Future of Children – Protecting Children from Abuse and Neglect Volume 8 No. 1.

National Family Preservation Network. Overview of Assessment Tools. Retrieved on November 2014. http://www.nfpn.org/Portals/0/Documents/assessment_tools_overview.pdf

Well-Being Outcome 2: Children receive services to meet their physical and mental health needs

Referenced Sources:

Allen, K., Hendricks, T., Medicaid and Children in Foster Care, March 2013, State Policy Advocacy and Reform Center.

Houshyar, S. October 2011. Washington, DC. Addressing the Health Care Needs of Children in the Child Welfare System. First Focus.

Officials: Foster care system frequently neglects dental needs. August 13, 2012. http://www.palmbeachpost.com/news/lifestyles/health/officials-foster-care-system-frequently-neglects

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Well-Being Outcome 3: Children receive appropriate services to meet their education needs

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Well-Being Outcome 4: Children develop the capacity for independent living and competence as an adult

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Section 409.1454, Florida Statutes

6.2   EXAMPLE OF "VALIDITY AND RELIABILITY RATINGS" FOR OUTCOME MEASURES

A detailed assessment of measurement validity ratings should be performed to establish a quality baseline prior to the implementation of any measure. These ratings are used to show how well measures explain and predict outcome results. The following tables provide a very preliminary example of rating results for the proposed outcome measures based on NREPP scoring criteria. The specific scoring criteria used will be determined by FICW prior to implementation. These ratings should continue to be monitored so informed decisions can be made to optimize measurement collection and usage.

Quality of Safety Outcome Measures (Rating: 2.0 out of 4.0)

In evaluating these safety measures two major factors impacted the overall rating. First, all eight of the safety measures are based on existing measures which are being used in some form in existing DCF or national dashboards. Secondly no major gaps were defined in the data required to calculate the measure.

These outcome measures have been determined to have acceptable reliability based on conventional acceptance by national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing face validity. In other words, a test can be said to have face validity if it "looks like" it is going to measure what it is supposed to measure. There is also an absence of evidence the measure is invalid.

Exhibit 62: Safety Outcome Measure Ratings presents example validity and reliability ratings for the safety outcome measures.

Outcome	Measure	Reliability	Validity	Fidelity	Data	Confounding Variables	Data Analysis	Overall Rating
SO1-Children are first and foremost protected from abuse and neglect	Rate of abuse and neglect per day of children receiving in-home case management services	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Rate of abuse and neglect per day of children in out-of home	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children without a subsequent verified report of abuse and neglect within 12 months of an initial verified finding by CPI	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children without a verified report of abuse and neglect within 12 months of termination of Family Support Services	2.0	2.0	2.0	2.0	2.0	2.0	2.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
	Percent of children without a verified report of abuse and neglect within 12 months of termination of in-home case management services	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children without a verified report of abuse and neglect within 12 months of the end of removal episode.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
SO2 Children are safely maintained in their homes, if possible and appropriate	Percent of children receiving Family Support Services which are escalated to in-home case management services or out-of-home care.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children receiving in-home case management services which are escalated to out-of-home care.	2.0	2.0	2.0	2.0	2.0	2.0	2.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
SO3 Services are provided to protect children and prevent their removal from their home	Percent of children receiving Family Support Services which are escalated to in-home case management services or out-of-home care. Note: Also used for SO2	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children receiving in-home case management services which are escalated to out-of-home care. Not: Also used for SO2	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Overall Research Rating		2.0	2.0	2.0	2.0	2.0	2.0	2.0

Exhibit 62: Safety Outcome Measure Ratings

Quality of Permanency Outcome Measures (Rating: 1.9 out of 4.0)

In evaluating the following Permanency measures two major factors impacted the overall rating. First, five of the six measures are based on existing measures which are being used in some form in existing DCF or national dashboards.   However, a new DCF measurement for Educational Stability has been added. The data required to calculate Educational Stability appears to already be stored in the FSFN database, but there are concerns with missing data. Changes to methodology and training would be required to address these issues.

These outcome measures have been determined to have acceptable reliability based on conventional acceptance by national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing, face validity (it appears to measure what it is supposed to measure). There is also an absence of evidence the measure is not valid.

Exhibit 63: Permanency Outcome Measure Ratings presents example validity and reliability ratings for the permanency outcome measures.

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
PO1-Children have permanency and stability in their living arrangements	Percent of children in out-of-home care who are placed in a family-based setting [stratified by age (0-5 years, 6-12 years, 12 years and older) and type of family-based setting (relative, non-relative, and licensed foster home)]	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Rate of placement moves per day of children in out of home care.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children with a placement change which did not result in a school change.	1.0	1.0	1.0	1.0	1.0	1.0	1.0
	Percent of children who achieved permanency within 0-12 months of entering out-of-home care. The indicator is reported by all and individual permanency goals, including reunification, adoption, and guardianship.	2.0	2.0	2.0	2.0	2.0	2.0	2.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
	Percent of children who achieved permanency within 12-23, 24-59 and 60 months or more entering out-of-home care. The indicator is reported by all and individual permanency goals, including reunification, adoption and guardianship	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children who achieved permanency subsequently re-enter out-of-home care within 0-12, 12-23, 24-59 and 60 months or more	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of sibling groups in out-of-home care in which siblings are placed together [stratified by all siblings in the same placement and some siblings in the same placement]	2.0	2.0	2.0	2.0	2.0	2.0	2.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
PO2 Family Relationships and connections are preserved for children	Percent of sibling groups in out-of-home care in which siblings are placed together [stratified by all siblings in the same placement and some siblings in the same placement]	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Overall Research Rating		**1.9**	**1.9**	**1.9**	**1.9**	**1.9**	**1.9**	**1.9**

Exhibit 63: Permanency Outcome Measure Ratings

Quality of Well-Being Outcome Measures (Rating: 1.4 out of 4.0)

Well-Being Outcome Measures are traditionally the most difficult to define and have required the greatest amount of innovation. In evaluating these Well-Being measures two major factors impacted the overall rating. First, only five of the eleven measures are based on existing measures being used in some form within DCF. The seven additional measures are based on expert recommendations, implementations in other states, or implementation at the National level. The first new measure "Family Capacity to Provide for Childs Needs" will require an assessment of a family's capacity to provide for their child's need. A similar measure is being used in North Carolina based on their family assessment tool. The assessment tool and methodology would need to be defined. Behavioral Health of Children in Out-of-Home Care would require a behavioral health assessment upon initiation and termination of services. The gaps in the remaining new measures would require methodology reviews to determine identification of additional sources of educational, housing and employment data not currently stored in the FSFN database.

Although many of these outcome measures are new to DCF, they have been determined to have acceptable reliability based on conventional acceptance of national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing, face validity (it appears to measure what it is supposed to measure). In researching these measures in literature, and with subject matter experts, nothing was found indicating the measure is not valid. This is part of the criteria which determines a "2" rating criteria: there is also an absence of evidence.

Exhibit 64: Well-Being Outcome Measure Ratings presents example validity and reliability ratings for the permanency outcome measures.

Outcome	Measure	Reliability	Validity	Fidelity	Data	Confounding Variables	Data Analysis	Overall Rating
W01 Families have enhanced capacity to provide for their children's needs	Rating/Scoring of performance based on a tool which assesses family capacity to provide for their child's needs upon initiation and at termination of services	1.0	1.0	1.0	1.0	1.0	1.0	1.0
WO2 Children receive services to meet their physical and mental health needs	Percent of children in out-of-home care who have received dental services in the last seven months.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children in out-of-home care who have received medical services in the last 12 months.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Rating/Scoring of performance based on tool which assesses child's behavior health upon initiation and at termination of services	1.0	1.0	1.0	1.0	1.0	1.0	1.0
WO3 Children receive appropriate services to meet their education needs	Rate of school days attended by children in out-of-home care.	1.0	1.0	1.0	1.0	1.0	1.0	1.0
	Rate of children in out-of-home care performing at grade level	1.0	1.0	1.0	1.0	1.0	1.0	1.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
	Percent of children in out-of-home care involved in at least one extracurricular school activity during the school year	1.0	1.0	1.0	1.0	1.0	1.0	1.0
WO4 Children develop the capacity for independent living and competence as an adult	Percent of young adults discharged from out-of-home care at age 18 who have completed or are enrolled in secondary education, vocational training, and/or adult education	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of young adults discharged from out-of-home are at age 18 who have safe and stable housing at 1 year and 3 years after discharge [stratified by youth who opt in to Extended Foster Care and by youth who age out of out-of-home-care]	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Outcome	Measure	Reliability	Validity	Fidelity	Data	Confounding Variables	Data Analysis	Overall Rating
	Percent of young adults discharged at age 18 who have full-time or part-time employment at 1 year and 3 years after discharge.	1.0	1.0	1.0	1.0	1.0	1.0	1.0
	Percent of young adults discharged at age 18 who have obtained a driver's license.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children who "aged out" of out-of-home care	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Overall Research Rating		**1.4**	**1.4**	**1.4**	**1.4**	**1.4**	**1.4**	**1.4**

Exhibit 64: Well-Being Outcome Measure Ratings

6.3 SAMHSA EXAMPLE OF EVIDENCE BASED INTERVENTION

Section 409.997(3)(c), F.S., requires "an analytical framework that builds on the results of the outcomes monitoring procedures and assesses the statistical validity of observed associations between Child Welfare interventions and the measured outcomes."

A key tenant of Results Oriented Accountability is interventions must be able to demonstrate evidence in achieving targeted outcomes. California Evidence-Based Clearinghouse for Child Welfare, and several other organizations, provide searchable intervention databases. These databases should be leveraged to search for existing research, as well as provide a standard for publication of new FICW research. The following screen shots show the types of intervention information, and evidence, provided by the SAMHSA National Registry of Evidence-based Programs and Practices (e.g., based on intervention search is performed on General Anxiety Disorder (GAD)). [52]
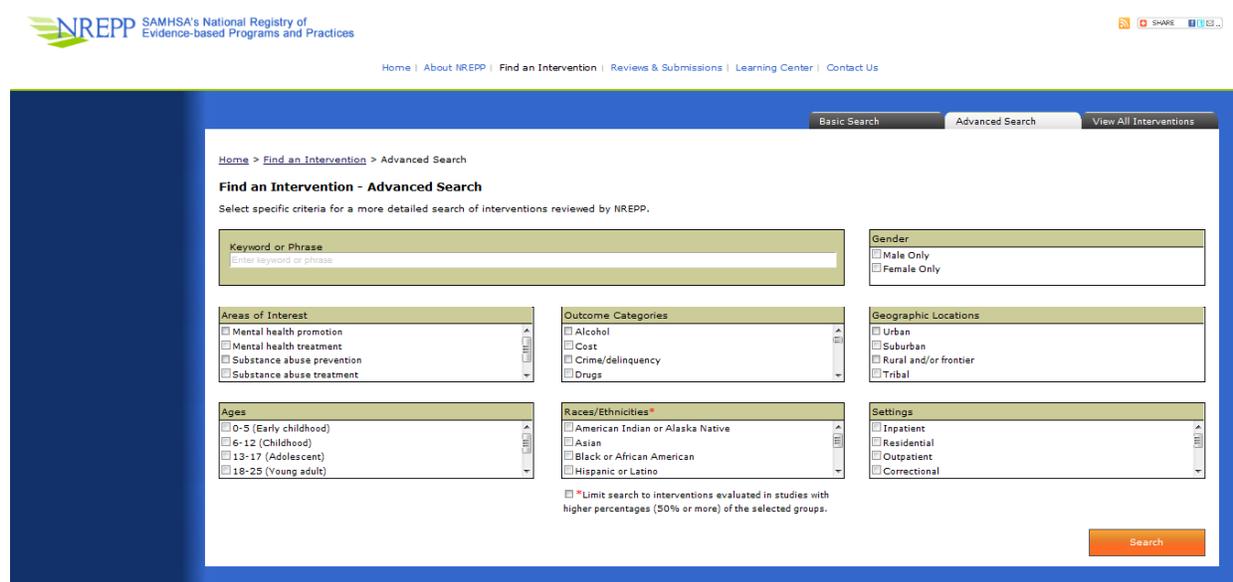
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[52] http://nrepp.samhsa.gov/AdvancedSearch.aspx Based on the in SAMHSA's National Registry of Evidence-based Programs and Practices, Find an Intervention - Advanced Search screen. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx, 1/16/2015.

Acceptance-Based Behavioral Therapy for Generalized Anxiety Disorder

Acceptance-Based Behavioral Therapy (ABBT) for Generalized Anxiety Disorder (GAD) is a form of psychotherapy for adults who have a principal diagnosis of GAD. The treatment is designed to decrease symptoms of worry and stress, so clients no longer meet DSM-IV criteria for GAD or they experience a reduction in GAD symptoms and comorbid depression or mood-related symptoms. The model on which ABBT for GAD operates theorizes that GAD is caused and maintained by a restricted and self-critical position toward one's own internal experiences of thoughts, emotions, memories, and physical sensations, resulting in a behavioral repertoire of rigid and habitual efforts to control or avoid the unwanted internal experiences rather than engaging in valued activities. By integrating clinical methods and strategies from cognitive behavioral therapy with acceptance, mindfulness, and values practices, the intervention aims to help each client cultivate a curious, compassionate position toward one's internal experiences; increase acceptance of these internal experiences without behavioral efforts to avoid them; and increase the client's engagement in valued activities.

A therapist works one-on-one with a client over an 18-week period, delivering ABBT for GAD through 14 weekly and 2 biweekly sessions that include (1) psychoeducation regarding the nature of worry, anxiety, emotion, and experiential avoidance; (2) practice developing mindfulness and acceptance as an alternative response to internal experiences; and (3) identification of valued directions and actions, recognition of obstacles to these actions, and practice engaging in chosen valued actions nonetheless. The therapist focuses on helping the client make choices to act in value-consistent ways rather than in ways that are motivated by avoidance of anxiety. Each session begins with a mindfulness practice, involves the review of activities in identified valued directions between treatment sessions, and concludes with the assignment of out-of-session work. The first eight sessions include both psychoeducational and experiential components with a focus on helping the client develop skills, which are applied through practice during the final eight sessions. The last two sessions also include a focus on relapse prevention.

ABBT for GAD is one of several mindful acceptance-based and values-oriented behavioral therapies, which include Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Mindfulness-Based Cognitive Therapy (each of which was reviewed by NREPP separately).

Descriptive Information

Areas of Interest	Mental health treatment
Outcomes	**Review Date: September 2013** 1: Generalized anxiety disorder diagnosis and severity 2: Worry and stress symptoms 3: Depression symptoms
Outcome Categories	Mental health
Ages	18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino White
Settings	Outpatient
Geographic Locations	Urban Suburban

Implementation History	ABBT for GAD was developed in 2002, and since then, the intervention has been implemented with approximately 5,000 clients in 30 States and territories, as well as internationally in Australia, Brazil, Canada, Denmark, Iran, Israel, New Zealand, Singapore, Spain, Sweden, Switzerland, and the United Kingdom.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: No
Adaptations	ABBT for GAD has been adapted for delivery in a group format in an outpatient setting. The treatment manual has been translated into Spanish, and the program has been culturally adapted for use in Puerto Rico. Two program books have been translated into other languages: Mindfulness and Acceptance-Based Behavioral Therapies in Practice has been translated into Portuguese, and The Mindful Way Through Anxiety: Break Free From Chronic Worry and Reclaim Your Life has been translated into Finnish and German.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	IOM prevention categories are not applicable.

Quality of Research
Review Date: September 2013

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Roemer, L., Orsillo, S. M., & Salters-Pedneault, K. (2008). Efficacy of an Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder: Evaluation in a randomized controlled trial. Journal of Consulting and Clinical Psychology, 76(6), 1083-1089. PubMed

Supplementary Materials

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. Psychological Assessment, 10(2), 176-181.

Brown, T. A., Antony, M. M., & Barlow, D. H. (1992). Psychometric properties of the Penn State Worry Questionnaire in a clinical anxiety disorders sample. Behaviour Research and Therapy, 30(1), 33-37. PubMed

Brown, T. A., Chorpita, B. F., Korotitsch, W., & Barlow, D. H. (1997). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. Behaviour Research and Therapy, 35(1), 79-89. PubMed

Brown, T. A., Di Nardo, P. A., Lehman, C. L., & Campbell, L. A. (2001). Reliability of DSM-IV anxiety and mood disorders: Implications for the classification of emotional disorders. Journal of Abnormal Psychology, 110(1), 49-58. PubMed

Hayes, S. A., Orsillo, S. M., & Roemer, L. (2010). Changes in proposed mechanisms of action during an Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder. Behaviour Research and Therapy, 48(3), 238-245. PubMed

Hayes-Skelton, S. A., Roemer, L., & Orsillo, S. M. (2013). A randomized clinical trial comparing an acceptance-based behavior therapy to applied relaxation for generalized anxiety disorder. Journal of Consulting and Clinical Psychology, 81(5), 761-773. PubMed

Michelson, S. E., Lee, J. K., Orsillo, S. M., & Roemer, L. (2011). The role of values-consistent behavior in generalized anxiety disorder. Depression and Anxiety, 28(5), 358-366. PubMed

Roemer, L., & Orsillo, S. M. (2007). An open trial of an Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder. Behavior Therapy, 38(1), 72-85. PubMed

Outcomes

Outcome 1: Generalized anxiety disorder diagnosis and severity	
Description of Measures	GAD diagnosis and severity were assessed using the Anxiety Disorders Interview Schedule for DSM-IV: Lifetime Version (ADIS-IV-L), which determines current and lifetime DSM-IV diagnostic status for GAD and provides a clinical severity rating (CSR) for each GAD diagnosis. The CSR ranges from 0 to 8, with higher numeric ratings indicating a greater severity of GAD.

Key Findings	In a randomized clinical trial, adults who met DSM-IV criteria for GAD and sought treatment at an outpatient center for anxiety and related disorders were randomly assigned to the intervention group or the wait-list control group. All participants were assessed by trained doctoral students before (pretreatment) and after treatment (posttreatment), at least 14 weeks after study entry. Participants in the wait-list control group were offered ABBT for GAD after the posttreatment assessment, and all participants who received the intervention were assessed at 3- and 9-month posttreatment follow-ups. Findings included the following: • From pre- to posttreatment assessments, participants in the intervention group had a larger reduction in the CSR for GAD compared with participants in the wait-list control group ($p < .001$). This group difference was associated with a large effect size (Cohen's $d = 1.32$). • From the posttreatment assessment to the 3- and 9-month posttreatment follow-ups with all participants who received the intervention (including former wait-list participants), there was no significant change in the CSR for GAD. • At the posttreatment assessment, the percentage of participants who no longer had a DSM-IV diagnosis for GAD was larger for the intervention group relative to the wait-list control group (76.92% vs. 16.67%; $p < .01$). • From the posttreatment assessment to the 3- and 9-month posttreatment follow-ups with all participants who received the intervention (including former wait-list participants), there was no significant change in the percentage who no longer had a DSM-IV diagnosis for GAD (78.26% at the posttreatment assessment and 84.21% and 76.47% at the 3- and 9-month posttreatment follow-ups, respectively).
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.1 (0.0-4.0 scale)

Outcome 2: Worry and stress symptoms	
Description of Measures	Worry and stress symptoms were measured using the following: • The Penn State Worry Questionnaire (PSWQ), a 16-item measure of trait levels of excessive worry. Using a scale ranging from 1 ("not at all typical of me") to 5 ("very typical of me"), participants respond to each item (e.g., "My worries overwhelm me," "I do not tend to worry about things," "Many situations make me worry"). Higher scores indicate a greater number of worry symptoms. • The 7-item Stress subscale of the 21-item Depression Anxiety Stress Scales (DASS-21). The DASS-21 includes Depression, Anxiety, and Stress subscales, and the Stress subscale approximates symptoms associated with GAD. Using a scale ranging from 0 ("did not apply to me at all") to 4 ("applied to me very much, or most of the time"), participants respond to items related to tension, agitation, and negative affect (e.g., "I felt I was rather touchy," "I found it difficult to relax," "I found myself getting agitated"). Higher scores indicate a greater number of stress symptoms.
Key Findings	In a randomized clinical trial, adults who met DSM-IV criteria for GAD and sought treatment at an outpatient center for anxiety and related disorders were randomly assigned to the intervention group or the wait-list control group. All participants were assessed by trained doctoral students before (pretreatment) and after treatment (posttreatment), at least 14 weeks after study entry. Participants in the wait-list control group were offered ABBT for GAD after the posttreatment assessment, and all participants who received the intervention were assessed at 3- and 9-month posttreatment follow-ups. Findings included the following: • From pre- to posttreatment assessments, compared with participants in the wait-list control group, those in the intervention group had larger reductions in worry symptoms ($p = .001$) and in stress symptoms ($p = .002$). These group differences were associated with large effect sizes (Cohen's $d = 1.02$ and 0.92, respectively). • From the posttreatment assessment to the 3- and 9-month posttreatment follow-ups with all participants who received the intervention (including former wait-list participants), there were no significant changes in worry or stress symptoms.
Studies Measuring Outcome	Study 1
Study Designs	Experimental

Quality of Research Rating	2.7 (0.0-4.0 scale)

Outcome 3: Depression symptoms	
Description of Measures	Depression symptoms were measured using the Beck Depression Inventory (BDI), a 21-item self-report instrument that assesses the severity of depression symptoms over the past 2 weeks. Using a scale ranging from 0 to 3, participants respond to each item. Total scores range from 0 to 63, with higher scores indicating more severe depression symptoms.
Key Findings	In a randomized clinical trial, adults who met DSM-IV criteria for GAD and sought treatment at an outpatient center for anxiety and related disorders were randomly assigned to the intervention group or the wait-list control group. All participants were assessed by trained doctoral students before (pretreatment) and after treatment (posttreatment), at least 14 weeks after study entry. Participants in the wait-list control group were offered ABBT for GAD after the posttreatment assessment, and all participants who received the intervention were assessed at 3- and 9-month posttreatment follow-ups. Findings included the following: • From pre- to posttreatment assessments, compared with participants in the wait-list control group, those in the intervention group had a larger decrease in the severity of depression symptoms ($p = .001$). This group difference was associated with a large effect size (Cohen's d = 1.06). • From the posttreatment assessment to the 3- and 9-month posttreatment follow-ups with all participants (including former wait-list participants), there was no significant change in the severity of depression symptoms.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.8 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult)	71% Female 29% Male	87.1% White 6.5% Hispanic or Latino 3.2% Asian 3.2% Black or African American

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Generalized anxiety disorder diagnosis and severity	2.3	1.8	1.8	1.8	2.0	3.0	**2.1**

2: Worry and stress symptoms	3.9	4.0	1.8	1.8	2.0	3.0	**2.7**
3: Depression symptoms	4.0	4.0	1.8	1.8	2.0	3.0	**2.8**

Study Strengths

Reliability was high (kappa = .72) for the ADIS-IV-L CSR across trained doctoral students who conducted the assessments; construct and face validity for this measure also were present. Internal reliability for the PSWQ was moderate (Cronbach's alpha = .79) with the study sample and high (Cronbach's alpha = .86) with subsamples with GAD in an independent clinical sample. Reliability for the DASS-21 Stress subscale was high (Cronbach's alpha = .87) with the study sample, as was internal consistency (Cronbach's alpha = .91) with an independent study sample. The BDI is very well known in the mental health field and has strong psychometric properties, including high internal consistency and test-retest reliability and construct, convergent, and discriminant validity (among depression subtypes and between depression and anxiety); reliability for the BDI was high (Cronbach's alpha = .87) with the study sample. The PSWQ has construct (for one factor, worry), criterion, and convergent validity with a subsample with GAD. The DASS-21 Stress subscale has construct validity (for stress, anxiety, and depression factors), with concurrent and discriminant validity (among different anxiety groups). The intervention is manual driven and was delivered by six doctoral students under the direct supervision of the investigators/intervention developers. Two sessions with each client were randomly selected and rated for treatment adherence using a 17-item checklist, with 25% of the randomly selected sessions double rated for interrater reliability, which was moderate across the two doctoral student raters (kappa = .70). Random assignment controlled for many potential confounding variables. The analytic strategy used an intent-to-treat approach and sophisticated statistical modeling with prospective power analyses and effect size calculations to detect between-group differences in the outcomes.

Study Weaknesses

For the GAD diagnosis from the ADIS-IV-L, interrater reliability across raters was low during the study (kappa = .56), despite training, experience, certification, and ongoing consensus meetings with a supervising doctoral-level psychologist. The validity of the GAD diagnosis was complicated by the comorbid presence of mood disorders, which were allowed in the study population, and the fact that GAD diagnostic disagreements frequently involved incomplete separation between GAD and mood disorders. The 17-item adherence checklist was described as a listing of 12 "allowed" and 5 "forbidden" strategies, but the strategies were not linked to critical stages or steps to be carried out in a treatment session, and no psychometric properties were presented for the checklist. The number of sessions rated with the adherence checklist was low across the study and inadequate to establish psychometrics for a fidelity instrument. There was no comparison of completers and noncompleters on pretreatment demographic variables, despite a small sample size and attrition rates of 13% in the intervention group and 25% in the wait-list control group at the posttreatment assessment. For the 3- and 9-month follow-ups, the attrition rates were much higher (38.7% and 45.2%, respectively), and again, there was no comparison of completers and noncompleters on pretreatment demographic variables. Potential confounding variables include the absence of an attention control group, the absence of substantiated reliability of the GAD diagnosis at posttreatment and follow-up assessments, the inability to confirm that raters were blind to condition, and the absence of independent fidelity competency ratings of the therapists delivering the intervention. The sophisticated statistical modeling used requires a minimum sample size per group and more than two groups, requirements that were not met in the study.

Readiness for Dissemination
Review Date: September 2013

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Orsillo, S. M. (n.d.). An Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder [PowerPoint slides]. Boston, MA: Author.

Orsillo, S. M., & Roemer, L. (2011). The mindful way through anxiety: Break free from chronic worry and reclaim your life. New York, NY: Guilford Press.

Orsillo, S. M., & Roemer, L. (n.d.). Mindfulness and acceptance-based behavioral therapies in practice [PowerPoint slides]. Boston, MA: Author.

Program Web site, http://mindfulwaythroughanxietybook.com

Roemer, L., & Orsillo, S. M. (2009). An Acceptance-Based Behavior Therapy for GAD (a work in progress). Boston, MA: Author.

Roemer, L., & Orsillo, S. M. (2009). Mindfulness- and acceptance-based behavioral therapies in practice. New York, NY: Guilford Press.

Roemer, L., & Orsillo, S. M. (n.d.). Mindfulness and acceptance-based behavioral therapy for anxiety disorders [PowerPoint slides]. Boston, MA: Author.

Other program materials:

- ABBT for GAD Adherence Checklist
- ABBT for GAD Weekly Competence Form
- ABBT Group Adaptation Materials
- ABBT Helpful Responses Worksheet and Answers
- ABBT Medication Monitoring Forms
- ABBT Mindfulness Exercises
- ABBT Treatment Handouts
- ABBT Treatment Monitoring Forms
- ABBT Treatment Values Assignments
- List of Potential Measures

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	3.3	3.5	**3.6**

Dissemination Strengths

The program materials are comprehensive and clearly describe therapeutic techniques of the intervention and the implementation of individual psychotherapeutic sessions. Although training is not required, a training workshop is offered to address variation in implementer skill and includes a range of detail on the model. Ongoing consultation and support are available. Tools for assessing client progress in treatment, client satisfaction with treatment, and observer ratings of therapist fidelity to the model and skills used in treatment sessions are available to support quality assurance. Guidance is provided on selecting and administering assessment tools for use with various client populations.

Dissemination Weaknesses

Little guidance is provided for the interpretation and use of data collected from quality assurance tools. Supervision and comprehensive fidelity monitoring are not emphasized as an integral part of program delivery.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
Mindfulness- and Acceptance-Based Behavioral Therapies in Practice (book)	$28 each	Yes
The Mindful Way Through Anxiety: Break Free From Chronic Worry and Reclaim Your Life (book)	$16.95 each	Yes
Acceptance and Commitment Therapy (book)	$37.78 each	No
Mindfulness-Based Cognitive Therapy (book)	$55 each	No
Skills Training Manual for Treating Borderline Personality Disorder	$36.87 each	No
An Acceptance-Based Behavior Therapy for GAD (manual)	Free	No
ABBT Treatment Handouts	Free	No
On-site ABBT training workshop	Varies, depending on site needs, length of training, and location	No

Implementation consultation by phone or email or in person	$150 per hour, plus travel expenses if necessary	No
ABBT for GAD Weekly Competence Form	Free	No
ABBT for GAD Adherence Checklist	Free	No

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

Hayes-Skelton, S. A., Roemer, L., & Orsillo, S. M. (2013). A randomized clinical trial comparing an acceptance-based behavior therapy to applied relaxation for generalized anxiety disorder. Journal of Consulting and Clinical Psychology, 81(5), 761-773. PubMed

Contact Information

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To learn more about research, contact:
Lizabeth Roemer, Ph.D.
(617) 287-6358
lizabeth.roemer@umb.edu

Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- http://mindfulwaythroughanxietybook.com/

This PDF was generated from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=366 on 1/26/2015

Evidence Based Interventions from other organizations should be evaluated (e.g. for appropriateness for targeted population demographics) before implementation in a new community. The Children's Bureau recently released a series of video's which provide an excellent description of the EBI evaluation and implementation process. These videos can be found at: http://www.acf.hhs.gov/programs/cb/assistance/program-evaluation/virtual-summit/framework.

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Video series: A Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare

Listen ▶
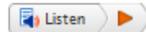
The Children's Bureau recently released A Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare, a publication for professionals and funders who implement and evaluate child welfare interventions. To complement this document, the Children's Bureau produced a series of five animated videos that explain the major components of the framework and illustrate how they can be applied to build evidence and spread effective child welfare practice. Each brief video builds upon the next, and together they demonstrate how administrators, evaluators, and funders can partner to systematically use evaluation, apply findings, and make decisions that will increase the chances that the programs, policies, and practices will improve outcomes for children and families.

Overview

- Video 1 - Partnerships, Evaluation, and Effective Practice in Child Welfare: Introducing a New Framework

Phases 1–5

- Video 2 - A Framework to Design, Test, Spread, and Sustain Effective Child Welfare Practice: Identify & Explore (includes Phase 1)
- Video 3 - A Framework to Design, Test, Spread, and Sustain Effective Child Welfare Practice: Develop & Test and Compare & Learn (includes Phases 2 and 3)
- Video 4 - A Framework to Design, Test, Spread, and Sustain Effective Child Welfare Practice: Replicate & Adapt and Apply & Improve (includes Phases 4 and 5)

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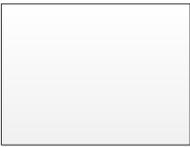## 6.4 BUSINESS PROCESS MODEL AND NOTATION OVERVIEW

The workflow diagrams included as part of the process models have been developed using the Business Process Model and Notation (BPMN) standard. The Business Process Management Initiative (BPMI) developed the Business Process Model and Notation (BPMN) standard and introduced the first version in May, 2004.
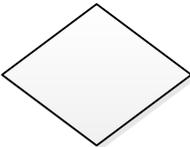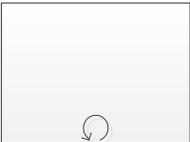
The primary goal of the BPMN effort was to provide a notation which is readily understandable by all business users, from the business analysts creating the initial drafts of the processes, to the technical developers responsible for implementing the technology to perform those processes, and finally, to the business people who will manage and monitor those processes.
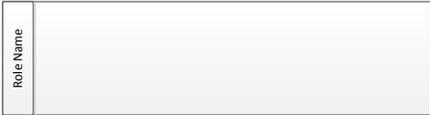
A workflow diagram is based on a flowcharting technique tailored for creating graphical models of business processes. A workflow diagram, then, is a network of graphical objects which are the activities and flow controls defining their order of performance organized by the actor responsible for the activity.

A workflow diagram is made up of a set of graphical elements. The elements were chosen to be distinguishable from each other and to utilize shapes which are familiar to most modelers. For example, activities are rectangles and decisions are diamonds. It should be emphasized one of the drivers for the development of BPMN was to create a simple mechanism for creating business process models while at the same time being able to handle the complexity inherent to business processes.

Exhibit 65: BPMN Overview defines the use of each of the typical process charts elements used in basic diagrams:

SYMBOL NAME	NOTATION	DESCRIPTION
Activity / Task		An **Activity** is a generic term for work performed as a part of the process. When an activity is depicted at its lowest level, it is known as a **Task** and is displayed using the symbol at left. When the activity consists of multiple tasks it is referred to as a "Sub-process" and is displayed using the Sub-process symbol below.
Annotated Activity	1.0 Process Activity	The **Activity** shape depicts an activity as a distinct step in the process.
End Event	◯	The **End Event** indicates where the process ends.

SYMBOL NAME	NOTATION	DESCRIPTION
Gateway		The **Gateway** is used to determine branching, forking, merging and joining of process flow. Often referred to as a "decision step" as the process flow is routed based on evaluation of conditions to determine the path.
Intermediate Event		**Intermediate Events** occur between start and end events. They affect the process flow but do not start or terminate the event.
Intermediate Link Event		**An Intermediate Link Event** indicating the flow links to another point in the process. This symbol is often used to indicate off-page references for printing purposes (when the process continues on another page).
Intermediate Message		The **Intermediate Message** element is used to depict a communication between participants in a process. The message element may be annotated to indicate the content and/or type of message (e-mail, for example).
Message Flow		The **Message Flow** connector is used to depict the flow of various types of communications between participants in a process.
Multiple Event Trigger		The **Multiple Event Trigger** indicating more than one event must occur for the process to proceed.
Parallel Gateway		The **Parallel Gateway** symbol Indicates activities which can be carried out concurrently.
Repeated (Looping) Activity		The **Loop** symbol on an activity indicates it is repeated until specified conditions are met allowing the process to proceed.
Repeated (looping) Sub-process		The **Loop** symbol on a sub-process indicates it is repeated until specified conditions are met allowing the process to proceed.

SYMBOL NAME	NOTATION	DESCRIPTION
Sequence Flow		The **Sequence Flow** connector is used to depict the order in which activities are performed.
Start Event		The **Start Event** indicates where a particular process will start.
Sub-Process		The **Sub-Process** symbol indicates the activity has lower level details and is broken out in its own swim lane diagram.
Swim Lane	Role Name	The **Swim Lane** is a sub-partition within a process and is used to organize the activities belonging to one role or function within the process.
Timer		The **Timer** is used to indicate the time required to complete a particular task, activity, or sub-process. It is also used to denote delays or wait steps in the process.

Exhibit 65: BPMN Overview

References and Background

SECTION 7   REFERENCES AND BACKGROUND

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